


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90108 043 ***150.00

DOCUMENT # P04000025913					
1. Entity Name A.J.P. WALLPAPER CORPORATION					
Principal Place of Business 181 NW 97 AVE APT 109 MIAMI, FL 33172			Mailing Address 181 NW 97 AVE APT 109 MIAMI, FL 33172		
2. Principal Place of Business - No P.O. Box # 8401 SW 208 Terr		3. Mailing Address 8401 SW 208 Terr			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MIAMI, Florida		City & State MIAMI, Florida			
Zip 33189	Country MIAMI-DADE	Zip 33189	Country MIAMI-DADE		
4. FEI Number 20-0739754			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent GUZMAN, ANGELICA P 181 NW 97 AVE APT 109 MIAMI, FL 33172			7. Name and Address of New Registered Agent Name Puen, Angelica Street Address (P.O. Box Number is Not Acceptable) 8401 SW 208 Terr City MIAMI FL Zip Code 33189		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Angelica Puen</i></u> DATE <u>04/27/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GUZMAN, ANGELICA P 181 NW 97 AVE APT 109 MIAMI, FL 33172	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD PUEN, JUAN 181 N.W. 97 AVE APT 109 MIAMI, FL 33172	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Puen, Angelica 8401 SW 208 Terr MIAMI, FL 33189	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice-President Puen, Juan 8401 SW 208 Terr MIAMI, FL 33189	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Angelica Puen</i></u>		DATE <u>04/27/07</u> <small>Daytime Phone #</small>			
ANGELICA PUEN					

40101530



04272007 Chg-P CR2E034 (12/06)