


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90110 019 ***158.75

DOCUMENT # P04000025995 1. Entity Name A & J INSTALLATIONS, INC.			
Principal Place of Business 8944 W. SAMPLE ROAD CORAL SPRINGS, FL 33065		Mailing Address 8944 W. SAMPLE ROAD CORAL SPRINGS, FL 33065	
2. Principal Place of Business 11791 Royal Palm Blvd. #101		3. Mailing Address Suite, Apt. #, etc. 101	
City & State Coral Springs		City & State Coral Springs	
Zip 33065		Country Broward	
4. FEI Number 83-0397931		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		03282005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent ROSADO, MARK A 8944 W SAMPLE ROAD CORAL SPRINGS, FL 33065		7. Name and Address of New Registered Agent Name Rosado, Mark A Street Address (P.O. Box Number is Not Acceptable) 11791 Royal Palm Blvd. #101 City Coral Springs FL Zip Code 33065	
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>Mark A Rosado</i></u> DATE <u>4-25-05</u> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP PSD ROSADO, MARK A 8944 W. SAMPLE ROAD CORAL SPRINGS, FL 33065	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP PSD Rosado, Mark A 11791 Royal Palm Blvd. #101 Coral Springs, FL 33065	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 exemption stated in Section 119.07(3)(i), 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>Mark A Rosado</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4-25-05</u> Daytime Phone # <u>954-775-5139</u>	