## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P04000066763**

1. Entity Name

A & J LANDHOLDINGS, INC.



04-24-2008 90116 007 \*\*\*150.00

**FILED** 

Apr 24, 2008 8:00 am Secretary of State

Principal Place of Business

3021 NE 46TH ST. FT. LAUDERDALE, FL 33308 Mailing Address

3021 NE 46TH ST.

FT. LAUDERDALE, FL 33308



DO NOT WRITE IN THIS SPACE

04162008 No Chg-P CR2E034 (11/05)

4. FEI Number 90-0167406

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEMBO, JOHN 3021 NE 46TH ST. FT. LAUDERDALE, FL 33308

## DO NOT WRITE IN THIS SPACE

FT. LAUDERDALE, FL 33308		IN THIS SPACE			
	,		The state of the s		
	named entity submits this statement for the putions of registered agent.	urpose of changing its registere	ed office or registered agent, or b	ooth, in the State of Florida. I am famil	iar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Registere	d Agent signature required when reinstaling)	DATE	
FiL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution.	scing \$5.00 May Be Added to Fees		••••
10	OFFICERS AND DIREC	TORS			*
NAME STREET ADORESS CITY-ST-ZIP	P LEMBO, JOHN 3021 NE 46TH ST. FT. LAUDERDALE, FL 33308	<u> </u>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DC	NOT WRITE	and the state of t
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME					

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:** 

CITY-ST-ZIP-

GATTYRE AND TYPED OR PRINTED NAME OF SKONING OFFICER OR DIRECTOR

4/21/08 954609 9872