2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006
Secretary of State

DOCUMENT# P04000086454

Entity Name: AJS INSURANCE, INC.

Current Principal Place of Business:

2040 NE 163RD ST - STE 304 A
N MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

2040 NE 163RD ST - STE 304 A
N MIAMI BEACH, FL 33162

New Mailing Address:

FEI Number: 02-0724041 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VICTOR, NUNBERG
20900 W DIXIE HWY - STE A
N MIAMI BEACH, FL 33180 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SEGALL, AARON
Address: 2161 NE 122ND ST
City-St-Zip: N MIAMI, FL 33181

Title: ST ( ) Delete
Name: NUNBERG, VICTOR
Address: 19501 W COUNTRY CLUB DR - # 1007
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AARON SEGALL P 03/20/2006

Electronic Signature of Signing Officer or Director Date