

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90273 006 ***150.00

DOCUMENT # P04000164200

1. Entity Name

AJV ENTERPRISES, INC.



Principal Place of Business

14809 60TH CT N
LOXAHATCHEE FL 33470-4500

Mailing Address

14809 60TH CT N
LOXAHATCHEE FL 33470-4500

2. Principal Place of Business

13 SELKIRK PL

Suite, Apt. #, etc.

3. Mailing Address

13 SELKIRK PL.

Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/05)

City & State

PAUM COAST FLA.

Zip

32164

Country

USA

City & State

PAUM COAST FLA.

Zip

32164

Country

USA

4. FEI Number

20-2059306

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

CHECCHI, DENNIS
14809 60TH CT N
LOXAHATCHEE FL 33470-4500

7. Name and Address of New Registered Agent

Name **DENNIS CHECCHI**

Street Address (P.O. Box Number is Not Acceptable)

13 SELKIRK PL.

City **PAUM COAST**

FL

Zip Code

32164

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PVST
CHECCHI, DENNIS
14809 60TH CT N
LOXAHATCHEE FL 33470-4500

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/06

Date

Daytime Phone #