2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000027528

Entity Name: ATJ ENTERPRISES, INC.

FILED May 01, 2006 Secretary of State

Current Principal Place of Business:			New Princi	New Principal Place of Business:		
5941 N.W. : MIAMI, FL :	21 AVENUE 33142 US					
Current Mailing Address:			New Mailir	New Mailing Address:		
5941 N.W. : MIAMI, FL :	21 AVENUE 33142 US					
FEI Number:	20-2382076	FEI Number Applied For ()	El Number Not Appli	licable () Certificate of Status Desired ()		
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:		
JONES, AN 5941 N.W.: MIAMI, FL:	21 AVENUE					
The above in the State		ubmits this statement for the purp	ose of changing it	ts registered office or registered agent, or b	oth,	
SIGNATUR	E:					
		ic Signature of Registered Agent		Date		
Election Cam	paign Financing	8(2)(b), F.S., the corporation did not red Trust Fund Contribution ().	-			
OFFICERS	AND DIRECT	rors:	ADDITION	IS/CHANGES TO OFFICERS AND DIREC	TORS:	
Title: Name: Address: City-St-Zip:	P/D () JONES, ANTELI 5941 N.W. 21 A MIAMI, FL 3314	VENUE	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	VP/D () ARNETT, DORT 5941 N.W. 21 A MIAMI, FL 3314	VENUE	Title: Name: Address: City-St-Zip:	VP/D (X) Change () Addition MULLINS, PATRICIA 5941 N.W. 21 AVENUE MIAMI, FL 33142		
Title: Name: Address: City-St-Zip:	T/D () TOWNSEND, QI 5941 N.W. 21 A MIAMI, FL 3314	VENUE	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:			Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	D () JONES, VERNO 5941 N.W. 21 A MIAMI, FL 3314	VENUE	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	D () TOWNSEND, JO 5941 N.W. 21 A MIAMI, FL 3314	VENUE	Title: Name: Address: City-St-Zip:	()Change ()Addition		

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: ANTELLA T. JONES P 05/01/2006