
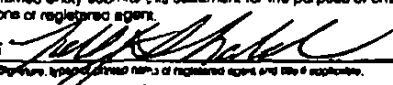



FILED  
Mar 06, 2006 8:00 am  
Secretary of State

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02-13-2006 90036 025 \*\*\*150.00

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

|  |   |  |   |
|--|---|--|---|
| <b>DOCUMENT # P05000107684</b>   |   |   |   |
| 1. Entity Name<br><b>AMERIJUSTERS, CORP.</b>   |   |  |   |
| Principal Place of Business<br><b>1440 JF KENNEDY CAUSEWAY<br/>SUITE 210<br/>NORTH BAY VILLAGE, FL 33141</b>   |   | Mailing Address<br><b>1440 JF KENNEDY CAUSEWAY<br/>SUITE 210<br/>NORTH BAY VILLAGE, FL 33141</b>                                 |   |
| 2. Principal Place of Business   |   | 3. Mailing Address   |   |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |   |
| City & State   |   | City & State   |   |
| Zip  | Country   | Zip  | Country   |
| 4. FEI Number<br><b>03-0568963</b>   |   | Applied For<br>Not Applicable  |   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   | \$8.75 Additional Fee Required   |   |
| 6. Name and Address of Current Registered Agent<br><b>SHALACK, TODD J<br/>1440 JF KENNEDY CAUSEWAY<br/>SUITE 210<br/>NORTH BAY VILLAGE, FL 33141</b>   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |   |
| 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: <br>Signature, typed printed name of registered agent and title if applicable.  |   | todd Shalack<br>(NOTE: Registered Agent signature required when releasing)<br>2/8/06   |   |
| FILE NOW! FEE IS \$150.00<br>After May 1, 2006 Fee will be \$550.00  |   | 9. Election Campaign Financing<br>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<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | D SHALACK, TODD J <input type="checkbox"/> Delete<br>1440 JF KENNEDY CAUSEWAY, SUITE 210<br>NORTH BAY VILLAGE, FL 33141 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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 exemptions contained in Chapter 119, Florida Statute. 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 Statute; 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: <br>Signature, typed printed name of officer or director   |   | 2/8/06<br>Date   |   |

66003652



01312006 Chg-P CR2E034 (11/05)

FL

Zip Code

2/8/06

2/8/06

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ATTACHMENT

66003652

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 16, 2006

AMERIJUSTERS, CORP.  
1440 JF KENNEDY CAUSEWAY  
SUITE 210  
NORTH BAY VILLAGE, FL 33141

Subject: AMERIJUSTERS, CORP.

Reference Number: **P05000107684**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CJ

ANNUAL REPORTS SECTION