2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 24, 2006
Secretary of State

DOCUMENT# P05000142687

Entity Name: AJFMS, INC.,

Current Principal Place of Business:

6209 NW 78 MANNOR
PARKLAND, FL 33067

New Principal Place of Business:

Current Mailing Address:

6209 NW 78 MANNOR
PARKLAND, FL 33067

New Mailing Address:

FEI Number: 13-4314432 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ABRAHAM, JAI
6209 NW 78 MANNOR
PARKLAND, FL 33067 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ARANCHERRY, FELIX
Address: 6209 NW 78 MANNOR
City-St-Zip: PARKLAND, FL 33067

Title: S ( ) Delete
Name: JOSEPH, REJI
Address: 6209 NW 78 MANNOR
City-St-Zip: PARKLAND, FL 33067

Title: D ( ) Delete
Name: UMMAN, MATHEW
Address: 1263 CROSSBILL CT.
City-St-Zip: WESTON, FL 33327

Title: D ( ) Delete
Name: ABRAHAM, JAI
Address: 6209 NW 78 MANNOR
City-St-Zip: PARKLAND, FL 33067

Title: D ( ) Delete
Name: SAMUEL, SAJI
Address: 11481 NW 49 DR.
City-St-Zip: CORAL SPRINGS, FL 33067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: JAI ABRAHAM D 06/24/2006

Electronic Signature of Signing Officer or Director Date