
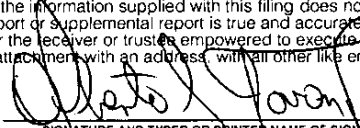


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90193 003 ***150.00

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|--|--|---|--|---|--|
| DOCUMENT # P05000150003 1. Entity Name TASJ ENTERPRISES INC. | | | |  | |
| Principal Place of Business 9447 FOUNTAINEBLEAU BLVD #202 MIAMI, FL 33172 | | | Mailing Address 9447 FOUNTAINEBLEAU BLVD #202 MIAMI, FL 33172 | | |
| 2. Principal Place of Business 10872 NW 79 STREET Suite, Apt. #, etc. | | 3. Mailing Address 10872 NW 79 STREET Suite, Apt. #, etc. | |  | |
| City & State DORAL, FLORIDA | | City & State DORAL, FLORIDA | | 4. FEI Number 20-3781621 | |
| Zip 33178 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent AGUILERA, SNEELL 9447 FOUNTAINEBLEAU BLVD #202 MIAMI, FL 33172 | | | 7. Name and Address of New Registered Agent Name SNEELL AGUILERA Street Address (P.O. Box Number is Not Acceptable) 10872 NW 79 STREET City DORAL FL Zip Code 33178 | | |
| 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  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing 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 NAME STREET ADDRESS CITY-ST-ZIP | PTD AGUILERA, SNEELL <input type="checkbox"/> Delete 9447 FOUNTAINEBLEAU BLVD #202 MIAMI, FL 33172 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD AGUILERA, SNEELL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10872 NW 79 STREET DORAL, FLORIDA 33178 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD TOVAR, JUAN RAMON <input type="checkbox"/> Delete 9447 FOUNTAINEBLEAU BLVD #202 MIAMI, FL 33172 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD TOVAR, JUAN RAMON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10872 NW 79 STREET DORAL, FLORIDA 33178 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ALBERTO JOSE TOVAR VILLAMIZAR 10872 NW 79 STREET DORAL, FLORIDA 33178 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS 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 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 | | |
| Date | | | Daytime Phone # | | |