


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90174 050 \*\*\*150.00

<b>DOCUMENT # P05000153758</b>	
1. Entity Name <b>AJ AUTO SALES CORP</b>	

Principal Place of Business <b>815 N 14TH STREET LEESBURG FL 34748 US</b>	Mailing Address <b>815 N 14TH STREET LEESBURG FL 34748 US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>3355 Mary lane</b> Suite, Apt. #, etc.
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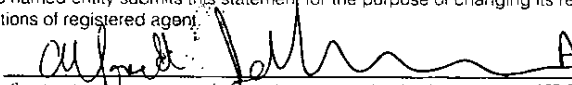
City & State <b>Mount Dora FL</b>	City & State <b>Mount Dora FL</b>
Zip <b>32757</b>	Country <b>USA</b>

4. FEI Number <b>03-0573105</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>JABBOUR, ALFRED M 3355 MARY LANE MOUNT DORA FL 32757</b>	
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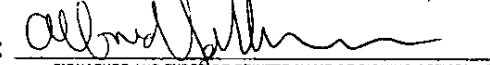
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	Alfred Jabbour 4/12/06

<b>FILE NOW!!! FEE IS \$150.00.</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete	TITLE <b>P</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>JABBOUR, ALFRED M</b>		NAME <b>JABBOUR, ALFRED M</b>	
STREET ADDRESS <b>3355 MARY LANE</b>		STREET ADDRESS <b>3355 MARY LANE</b>	
CITY-ST-ZIP <b>MOUNT DORA FL 32757</b>		CITY-ST-ZIP <b>MOUNT DORA FL 32757</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete	TITLE <b>VP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>JABBOUR, MAYDA</b>		NAME <b>JABBOUR, MAYDA</b>	
STREET ADDRESS <b>3355 MARY LANE</b>		STREET ADDRESS <b>3355 MARY LANE</b>	
CITY-ST-ZIP <b>MOUNT DORA FL 32757</b>		CITY-ST-ZIP <b>MOUNT DORA FL 32757</b>	
TITLE <b>-</b>	<input type="checkbox"/> Delete	TITLE <b>-</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>-</b>		NAME <b>-</b>	
STREET ADDRESS <b>-</b>		STREET ADDRESS <b>-</b>	
CITY-ST-ZIP <b>-</b>		CITY-ST-ZIP <b>-</b>	
TITLE <b>-</b>	<input type="checkbox"/> Delete	TITLE <b>-</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>-</b>		NAME <b>-</b>	
STREET ADDRESS <b>-</b>		STREET ADDRESS <b>-</b>	
CITY-ST-ZIP <b>-</b>		CITY-ST-ZIP <b>-</b>	
TITLE <b>-</b>	<input type="checkbox"/> Delete	TITLE <b>-</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>-</b>		NAME <b>-</b>	
STREET ADDRESS <b>-</b>		STREET ADDRESS <b>-</b>	
CITY-ST-ZIP <b>-</b>		CITY-ST-ZIP <b>-</b>	

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.	
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SIGNATURE: 	Alfred Jabbour 4/12/06	352'874
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #