

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2007 8:00 am**  
**Secretary of State**

02-20-2007 90051 020 \*\*\*150.00

<b>DOCUMENT # P06000073779</b>	
1. Entity Name <b>AJ &amp; R WORLDWIDE GROUP, INC.</b>	



Principal Place of Business <b>770 CLAUGHTON ISLAND DR - # 809 MIAMI, FL 33131</b>	Mailing Address <b>770 CLAUGHTON ISLAND DR - # 809 MIAMI, FL 33131</b>
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2. Principal Place of Business - No P.O. Box # <b>901 BRICKELL KEY BLVD.</b>		3. Mailing Address <b>780 NW 42 AVE.</b>	
Suite, Apt. #, etc. <b>APT. #2303</b>		Suite, Apt. #, etc. <b>SUITE #416</b>	
City & State <b>MIAMI, FL.</b>		City & State <b>MIAMI, FL.</b>	
Zip <b>33131</b>	Country	Zip <b>33126</b>	Country

02162007 Chg-P CR2E034 (12/06)

4. FEI Number <b>20-4965143</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>CORDOVA, ANGEL D 780 NW 42ND AVE # 416 MIAMI, FL 33126</b>		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	(NOTE: Registered Agent signature required when reinstating)	DATE
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</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 NAME STREET ADDRESS CITY-ST-ZIP	PTD ABU NASSAR, ADEL MOHAMMED 770 CLAUGHTON ISLAND DR - # 809 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ABU NASSA, ADEL MOHAMMED 901 BRICKELL KEY BLVD. #2303 MIAMI, FL. 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS ZAHARAN, JAIME 770 CLAUGHTON ISLAND DR - # 809 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS ZAHARAN, JAIME 901 BRICKELL KEY BLVD. #2303 MIAMI, FL. 33131 <input checked="" 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
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: X	<b>ADEL ABU NASSAR, PRES.</b>	02/16/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #