

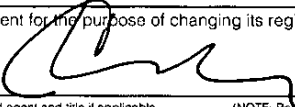


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 10, 2008 8:00 am**  
**Secretary of State**

07-10-2008 90013 005 \*\*\*150.00

<b>DOCUMENT # P06000073779</b> 1. Entity Name <b>AJ &amp; R WORLDWIDE GROUP, INC.</b>					
Principal Place of Business <b>901 BRICKELL KEY BLVD. APT 2303 MIAMI, FL 33131</b>			Mailing Address <b>780 NW 42 AVE STE 416 MIAMI, FL 33126</b>		
2. Principal Place of Business - No P.O. Box # <b>1451 S. MIAMI AVENUE</b>		3. Mailing Address <b>782 N.W. 42 AVENUE</b>		<div style="font-size: 24px; font-weight: bold;">40110034</div>  <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>07082008</span> <span>Chg-P</span> <span>CR2E034 (12/06)</span> </div>	
Suite, Apt. #, etc. <b># 790</b>		Suite, Apt. #, etc. <b># 340</b>			
City & State <b>MIAMI, FLORIDA</b>		City & State <b>MIAMI, FLORIDA</b>			
Zip <b>33130</b>		Zip <b>33126</b>			
Country <b>USA</b>		Country <b>USA</b>		4. FEI Number <b>20-4965143</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
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 <b>CORDOVA, ANGEL D.</b> Street Address (P.O. Box Number is Not Acceptable) <b>782 N.W. 42 AVENUE # 340</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33126</b>	
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 <b>7/8/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD <b>ABU NASSAR, ADEL MOHAMMED</b> <b>901 BRICKELL KEY BLVD. #2303</b> <b>MIAMI, FL 33131</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD <b>ABU NASSAR, ADEL MOHAMMED</b> <b>1451 S. MIAMI AVENUE # 790</b> <b>MIAMI, FL 33130</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS <b>ZAHARAN, JAIME</b> <b>901 BRICKELL KEY BLVD. #2303</b> <b>MIAMI, FL 33131</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS <b>ZAHARAN, JAIME</b> <b>1451 S. MIAMI AVENUE # 790</b> <b>MIAMI, FL 33130</b> <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		
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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.					
<b>SIGNATURE: X</b>  <b>ADEL ABU NASSAR, PRES.</b> <b>7/8/08</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					