


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90039 013 \*\*\*150.00

<b>DOCUMENT # P06000077831</b> 1. Entity Name <b>AJAY'S CARRIER INC</b>			
Principal Place of Business <b>9000 RED GOLD LANE ORLANDO, FL 32818</b>		Mailing Address <b>PO BOX 593603 ORLANDO, FL 32859</b>	
2. Principal Place of Business - No P.O. Box # <b>9000 Red Gold Ln</b>		3. Mailing Address <b>PO Box 593603</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Orlando FL</b>		City & State <b>Orlando FL</b>	
Zip <b>32818</b>		Zip <b>FL 32859</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>56-2592085</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> <b>BEHARRY, NORMELA 9000 RED GOLD LANE ORLANDO, FL 32818</b>		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 <u><i>Normela Beharry</i></u> <span style="float: right;">2/22/08</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP P BEHARRY, NORMELA 9000 RED GOLD LANE ORLANDO, FL 32818	<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.			
SIGNATURE: <u><i>Normela Beharry</i></u> <b>Normela Beharry</b>		Date <u>2/22/08</u> Daytime Phone # <u>407-822-4888</u>	