

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90056 017 ***150.00

DOCUMENT # P07000009547

1. Entity Name
A.J. SALES REP., INC.



Principal Place of Business

169 E FLAGLER ST
STE 1620
MIAMI, FL 33131

Mailing Address

169 E FLAGLER ST
STE 1620
MIAMI, FL 33131

2. Principal Place of Business - No P.O. Box #
169 E FLAGLER ST

3. Mailing Address
169 E FLAGLER ST

Suite, Apt. #, etc.
SUITE # 1620

Suite, Apt. #, etc.
SUITE # 1620

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip 33131 Country USA

Zip 33131 Country USA.

01242008 Chg-P CR2E034 (12/06)

4. FEI Number
X 208-35-8509 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WAGNER, ELISA
3500 MYSTIC POINTE DR
3802
AVENTURA, FL 33180

7. Name and Address of New Registered Agent

Name
WAGNER, ELISA
Street Address (P.O. Box Number is Not Acceptable)
19111 COLLINS AVENUE # 107
City SUNNY ISLES BEACH FL Zip Code 33160-2378

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 X *Elisa Wagner*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	ST	<input type="checkbox"/> Delete
NAME	WAGNER, ELISA	
STREET ADDRESS	3500 MYSTIC POINTE DR - # 3802	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	P	<input type="checkbox"/> Delete
NAME	WAGNER, YOEL	
STREET ADDRESS	3500 MYSTIC POINTE DR - # 3802	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGNER, ELISA	
STREET ADDRESS	19111 COLLINS AVENUE # 107	
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160-2378	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGNER, YOEL	
STREET ADDRESS	19111 COLLINS AVENUE # 107	
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160-2378	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 *Elisa Wagner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 207-08

Date

Daytime Phone #