2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000116796

Name:

Address:

City-St-Zip:

SALAZAR, ALEXANDRA

HIALEAH, FL 33012

1140 W 50TH STREET SUITE 405

Entity Name: A & J BUSINESS CONSULTANTS, CORP

FILED Mar 27, 2008 Secretary of State

Current P	rincipal Place	of Business:	New Principal Plac	New Principal Place of Business:	
1140 W 50TH STREET SUITE 405 HIALEAH, FL 33012			1140 W 50TH STRE SUITE 405 HIALEAH, FL 33012		
Current M	ailing Addres	ss:	New Mailing Addre	New Mailing Address:	
1140 W 50TH STREET SUITE 405 HIALEAH, FL 33012			4115 SW 116TH AV MIAMI, FL 33165	4115 SW 116TH AVENUE MIAMI, FL 33165 US	
FEI Number:	26-1408378	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
1140 W 50 SUITE 405 HIALEAH, The above	FL 33012 US		ourpose of changing its register	red office or registered agent, or both,	
SIGNATU	RE:				
Election Car		nic Signature of Registered Age g Trust Fund Contribution ().	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	HERNANDEZ,	STREET SUITE 405	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	HERNANDEZ,	STREET SUITE 405	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D ()) Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: ARELIA HERNANDEZ P 03/27/2008