2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000120148

City-St-Zip:

FILED Oct 17, 2009 Secretary of State

Entity Nan	ne: AJ CAPITAI	L MANAGEMENT, IN	IC.					
Current Principal Place of Business:				New Principal Place of Business:				
	ITARY TRAIL .M BEACH, FL 3	33415						
Current Mailing Address:				New Mailing Address:				
	ITARY TRAIL .M BEACH, FL 3	33415						
FEI Number:		FEI Number Applied Fo	r (X) FEI	Number Not Appl	icable ()	Certific	ate of Status Desire	d ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
	NDRES ITARY TRAIL M BEACH, FL 3	33415 US						
The above in the State		bmits this statement	for the purpos	se of changing it	s registere	d office or	registered agent,	or both,
SIGNATUR	RE: C. ANDRES	S JARA						
	Electronic	Signature of Registe	red Agent				Date	
		2)(b), F.S., the corporation		ve the prior notic	е.			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	P () Do JARA, C. ANDRES 8431 ALISTER BL PALM BEACH GAI	6		Title: Name: Address: City-St-Zip:		() Change	() Addition	
Title: Name: Address: City-St-Zip:	VP () DO ROJAS, YERITZA 8431 ALISTER BV PALM BEACH GAI			Title: Name: Address: City-St-Zip:		() Change	() Addition	
Title: Name:	() De	elete		Title: Name:	D ANAVIA HO		(X) 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.

City-St-Zip:

WEST PALM BEACH, FL 33415

SIGNATURE: C. ANDRES JARA Ρ 10/17/2009