

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000123472

Entity Name: A & J INSURANCE SERVICES, INC.

FILED  
Apr 28, 2008  
Secretary of State

## Current Principal Place of Business:

807 LUCERNE AVE.  
EAST UNIT  
LAKE WORTH, FL 33460

## New Principal Place of Business:

## Current Mailing Address:

807 LUCERNE AVE.  
EAST UNIT  
LAKE WORTH, FL 33460

## New Mailing Address:

FEI Number: 45-0580056

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DIAZ, JULIA  
807 LUCERNE AVE  
EAST UNIT  
LAKE WORTH, FL 33460 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: DIAZ, JULIA  
Address: 807 LUCERNE AVE EAST UNIT  
City-St-Zip: LAKE WORTH, FL 33460

Title: VP ( ) Delete  
Name: RAMOS, ROBERTO JR.  
Address: 807 LUCERNE AVE EAST UNIT  
City-St-Zip: LAKE WORTH, FL 33460

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: JULIA DIAZ

PRES

04/28/2008

Electronic Signature of Signing Officer or Director

Date