2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P20949

1. Entity Name
A.I.J.J. MANAGEMENT CO., INC.

Principal Place of Business	Mailing Address
1000 PENNSYLVANIA AVENUE BROOKLYN, NY 11207	1000 PENNSYLVANIA AVENUE BROOKLYN, NY 11207

DO NOT WRITE IN THIS SPACE

01052005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
11-2921341	Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____

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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CHEHEBAR, ALBERT
STREET ADDRESS	1000 PENNSYLVANIA AVE.
CITY-ST-ZIP	BROOKLYN, NY
TITLE	VD
NAME	CHEHEBAR, JACK
STREET ADDRESS	1000 PENNSYLVANIA AVE.
CITY-ST ZIP	BROOKLYN, NY
TITLE	SD
NAME	CHEHEBAR, JOSEPH
STREET ADDRESS	1000 PENNSYLVANIA AVE.
CITY-ST-ZIP	BROOKLYN, NY
TITLE	TD
NAME	SHEHEBAR, ISAAC
STREET ADDRESS	1000 PENNSYLVANIA AVE.
CITY-ST-ZIP	BROOKLYN, NY
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #