

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P20949**

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



Principal Place of Business  
1000 PENNSYLVANIA AVENUE  
BROOKLYN, NY 11207

Mailing Address  
1000 PENNSYLVANIA AVENUE  
BROOKLYN, NY 11207



01042006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
11-2921341

Applied For  
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

**DO NOT WRITE  
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
CHEHEBAR, ALBERT  
1000 PENNSYLVANIA AVE.  
BROOKLYN, NY

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
CHEHEBAR, JACK  
1000 PENNSYLVANIA AVE.  
BROOKLYN, NY

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
CHEHEBAR, JOSEPH  
1000 PENNSYLVANIA AVE.  
BROOKLYN, NY

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
SHEHEBAR, ISAAC  
1000 PENNSYLVANIA AVE.  
BROOKLYN, NY

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1100000385818  
01/18/06-80033-001 300.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #