


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P20949 1. Entity Name A.I.J.J. MANAGEMENT CO., INC.	
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Principal Place of Business 1000 PENNSYLVANIA AVENUE BROOKLYN, NY 11207	Mailing Address 1000 PENNSYLVANIA AVENUE BROOKLYN, NY 11207
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DO NOT WRITE IN THIS SPACE



01152008 No Chg-P CR2E034 (11/05)

4. FEI Number 11-2921341	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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	

<p>U00000801736 02/01/08-80030-003 300.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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: Albert Chehebar 7/24/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #