## 2008 FOR PROFIT CORPORATION

## Mar 24, 2008 08:00 Al **ANNUAL REPORT Secretary of State** DOCUMENT # P93000000673 1. Entity Name AJS PROPERTIES, INC. Principal Place of Business Mailing Address 262 ATLANTIC AVE. 262 ATLANTIC AVE. SUNNY ISLES BEACH, FL 33160 SUNNY ISLES BEACH, FL 33160 03192008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied Fo 4. FEI Number 65-0389053 Not Applic \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent STEIGER, ARIE DO NOT WRITE 262 ATLANTIC AVE SUNNY ISLE BEACH, FL 33160 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 acc 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) 9. Election Campaign Financing \$5.00 May 8e FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS U00000868805 04/09/08-80024-012 150.00 TITLE STEIGER, ARIE NAME STREET ADDRESS 262 ATLANTIC BOULEVARD CITY-ST-ZIP ATLANTIC ISLAND, FL 33160 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS C!TY-ST-ZIP

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 informationicitied 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 direct 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 changed, or on an attempent with an address, with all other like empowered.

TITLE NAME STREET ADDRESS CITY-ST-7IP

305-710-1220

FILED