: 2005 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Jan 10, 2005 08:00 AM DOCUMENT # P94000004068 Secretary of State 1. Entity Name A.J.R. PUBLISHING, INC. Principal Place of Business Mailing Address 4265 EAST 8TH AVENUE 4265 EAST 8TH AVENUE HIALEAH, FL 33013 HIALEAH, FL 33013 US 01072005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0461363 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RODRIGUEZ, ALEIDA DO NOT WRITE 4265 EAST 8TH AVENUE HIALEAH, FL 33013_ IN THIS SPACE its lifus statement for the purpose of changing its registered office or registered agent, or both, in the State of Flonda. I am familiay with, and accept 8. The above narged e the obligation SIGNATURE (NOTE, Registered Agent signature required when annearing) d name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Added to Fees Trust Fund Contribution After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE RODRIGUEZ, ALEIDA NAME STREET ADDRESS 4265 EAST 8TH AVENUE CITY-ST-ZIP HIALEAH, FL 33013 TITLE MILIAN, OLAYA NAME 4265 EAST 8TH AVENUE STREET ADDRESS U00000175067 01/10/05-80036-015 150.00 CITY-ST-ZIP HIALEAH, FL 33013 DIF NAME. STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS DITY-ST-70 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 of 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 viusary empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

with all other like empowered

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

SIGNATURE