FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 10:38

DOCUMENT # **P94000078228 (1)**

1. Corporation Name
A.J.'S ONE, INC.

Principal Place of Business	Mailing Address
6802 WILKOW DRIVE #L-303 ORLANDO FL 32821	6802 WILKOW DRIVE #L-303 ORLANDO FL 32821

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/24/1994**
3a. Date of Last Report:

2. Principal Place of Business 21	2a. Mailing Address 26 3831 W VINE ST.	4. FEI Number 59-3275128	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22 3831 W. VINE STREET, SE. 66	Suite, Apt. #, etc. 27 SUITE #66	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23 KISSIMMEE, FL.	City & State 28 KISSIMMEE FL	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip / County 24 34741 / 25	Zip / County 29 34741 / 30	8. This corporation has entity identification tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HAFEEZ, KHALID 6802 WILKOW DRIVE #L-303 ORLANDO FL 32821	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	HAFEEZ, KHALID	12 NAME	
STREET ADDRESS	6802 WILKOW DRIVE #L-303	13 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL 32821	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	NAZARALI, AMIN	22 NAME	
STREET ADDRESS	3502 CAYMAN COURT, APT 2907	23 STREET ADDRESS	
CITY ST ZIP	KISSIMMEE FL 34741	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: X _____ 5/9/95 407.933.4146
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0084404 CP