Amended # 61.25

[redacted]

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
[redacted]
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

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DOCUMENT # P95000070724

1. Corporation Name
ALLJAY, INC.

Principal Place of Business	Mailing Address
911 S. 58 AVE Hollywood, Fl. 33021	

2. Principal Place of Business 21 911 S. 58 AVE.	2a. Mailing Address 26	3. Date Incorporated or Qualified 9/11/95	3a. Date of Last Report N/A
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27	4. FEI Number 65-0617901	Applied For Not Applicable
City & State 23 Hollywood, Fl.	City & State 28	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip 24 33021	Country 25 BROWARD	Zip 29	Country 30
		6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
		8. This corporation has liability for intangible 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
	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		
		DELETE			Change / Addition
TITLE	PRESIDENT		11 TITLE	PRESIDENT	
NAME	JOSEPH CRAIZZO		12 NAME	CARY MALAMUD	
STREET ADDRESS	15301 S.W. 31 ST		13 STREET ADDRESS	19282 SW 3 ST	
CITY-ST-ZIP	DAVIE, FL. 33331		14 CITY-ST-ZIP	PEMBROKE PINES, FL. 33029	
		DELETE			Change / Addition
TITLE			21 TITLE	SEC./TREASURER	
NAME			22 NAME	JOSEPH CRAIZZO	
STREET ADDRESS			23 STREET ADDRESS	15301 S.W. 31 ST	
CITY-ST-ZIP			24 CITY-ST-ZIP	DAVIE, FL. 33331	
		DELETE			Change / Addition
TITLE			31 TITLE		
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
		DELETE			Change / Addition
TITLE			41 TITLE		
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
		DELETE			Change / Addition
TITLE			51 TITLE		
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
		DELETE			Change / Addition
TITLE			61 TITLE		
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

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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)(x), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Cary Malamud Pres. 10/16/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE