


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000057360 1. Entity Name A & J WESTON COMMERCIAL GP, INC.	
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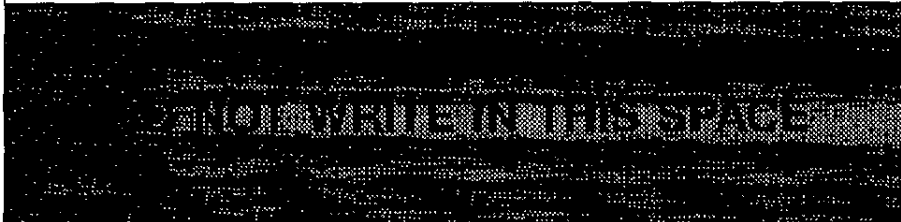
Principal Place of Business 1920 E. HALLANDALE BEACH BLVD SUITE 906 HALLANDALE, FL 33009	Mailing Address 1920 E. HALLANDALE BEACH BLVD SUITE 906 HALLANDALE, FL 33009
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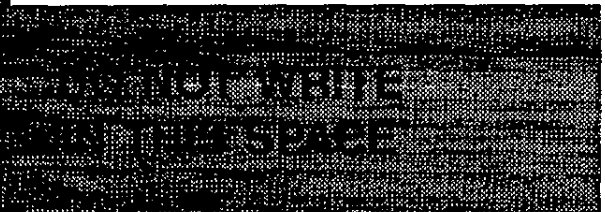
02252005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0847061	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required



6. Name and Address of Current Registered Agent STERN, JEROME H 1920 E HALLANDALE BCH BLVD STE 906 HALLANDALE, FL 33009
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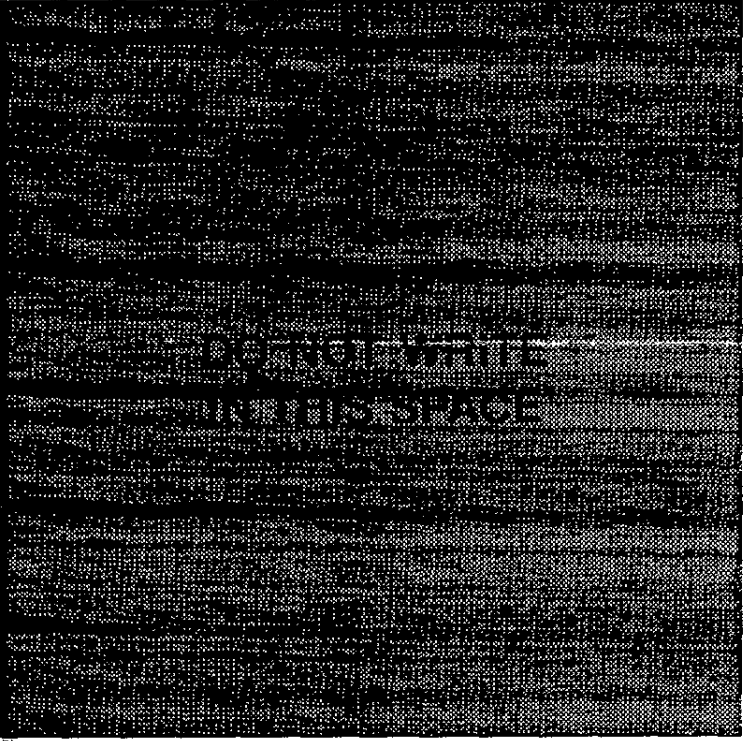
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	VP
NAME	STERN, JEROME H
STREET ADDRESS	1920 E HALLANDALE BEACH BLVD #906
CITY - ST - ZIP	HALLANDALE, FL 33009
TITLE	P
NAME	LIPSON, ARTHUR E
STREET ADDRESS	1920 E. HALLANDALE BEACH BLVD #906
CITY - ST - ZIP	HALLANDALE, FL 33009
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	



12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **ARTHUR E. LIPSON**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Pres.** **3/24/05 (951) 434-1111**
Date Daytime Phone #