


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000057360

1. Entity Name
A & J WESTON COMMERCIAL GP, INC.



Principal Place of Business	Mailing Address
1920 E. HALLANDALE BEACH BLVD SUITE 906 HALLANDALE, FL 33009	1920 E. HALLANDALE BEACH BLVD SUITE 906 HALLANDALE, FL 33009



03152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE 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 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 re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

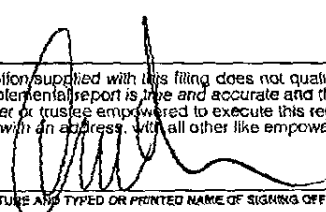
000000513961
 04/29/06-80149-018 150.00

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	

DO NOT WRITE IN THIS SPACE

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 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** **PHD.** **4/14/06** **(904) 454-1114**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #