

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000067276**

1. Entity Name

AJ INVESTMENT PROPERTIES, INC.



Principal Place of Business

20805 SW 172 AVE.  
MIAMI, FL 33187

Mailing Address

PO BOX 570520  
MIAMI, FL 33057 US



04212004 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0854702

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fees Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

DE LA HOZ, JORGE E CPA  
304 PALERMO AVENUE  
CORAL GABLES, FL 33134

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME WILKINS, PAUL D  
STREET ADDRESS 19200 SW 88 CT  
CITY- ST- ZIP MIAMI, FL 33157

TITLE D  
NAME WILKINS, TAMARA E  
STREET ADDRESS 19200 SW 88 CT  
CITY- ST- ZIP MIAMI, FL 33157

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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CITY- ST- ZIP

000000165333  
07/12/04-80010-006 558.75

**DO NOT WRITE  
IN THIS SPACE**

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:

*Tamara Wilkins*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/04 305-232-3637  
Date Daytime Phone #