

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90137 019 ***150.00

DOCUMENT # P98000091631

1. Entity Name
AJ SPECIAL TRANSPORTATION, INC.



Principal Place of Business 2107 MAJESTIC WOODS BOULEVARD APOPKA, FL 32712	Mailing Address 2107 MAJESTIC WOODS BOULEVARD APOPKA, FL 32712
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DO NOT WRITE IN THIS SPACE



03252008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3539709	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

**SULAL, ANGELITA
 2107 MAJESTIC WOODS BOULEVARD
 APOPKA, FL 32712**

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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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SULAL, ANGELITA 2107 MAJESTIC WOODS BOULEVARD APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SULAL-WHITE, CAROLYNE 2107 MAJESTIC WOODS BOULEVARD APOPKA, FL 32712
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Angelita Sulal **ANGELITA SULAL** 3/28/08 407-590-0639
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #