

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000099119
 1. Entity Name
A.J.B. FARM REALTY, INC.



Principal Place of Business: **PO BOX 960219 MIAMI FL 33296**
 Mailing Address: **PO BOX 960219 MIAMI FL 33296**



2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State: _____
 Zip: _____ Country: _____

1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent
BELSKY, ART H
6300 SW 16 TERR.
MIAMI FL 33155

4. FEI Number: **65-0885965**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **FL** Zip Code: _____

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
Make Check Payable to Florida Department of State

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

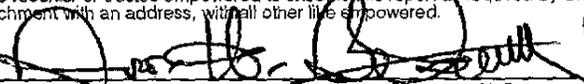
10. OFFICERS AND DIRECTORS

TITLE: PD	<input type="checkbox"/> Delete
NAME: BLACK, JACOB	
STREET ADDRESS: 5 CANTERBURY SQUARE #101	
CITY-ST-ZIP: ALEXANDRIA VA 22304	
TITLE: VD	<input type="checkbox"/> Delete
NAME: BELSKY, ARTHUR	
STREET ADDRESS: 6300 S.W. 16TH TERRACE	
CITY-ST-ZIP: MIAMI FL 33155	
TITLE: TD	<input type="checkbox"/> Delete
NAME: BELSKY, NORMA	
STREET ADDRESS: 6300 S.W. 16TH TERRACE	
CITY-ST-ZIP: MIAMI FL 33155	
TITLE: SD	<input type="checkbox"/> Delete
NAME: BELSKY, CELIA	
STREET ADDRESS: 10700 S.W. 108TH AVE #206	
CITY-ST-ZIP: MIAMI FL 33176	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(i), 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 life empowered.

SIGNATURE:  **ART. H. BELSKY** (FRF) 4-22-2005, 801-6887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR