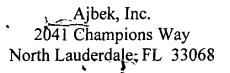
2004 FOR PROFIT CORPORATION

	KLINO I			•
DOCUMENT # P9900074723 1. Entity Name AJBEK, INC.				FILED
Principal Plac 1822 NW 94 PLANTATION		Mailing Address 1822 NW 94TH AVE PLANTATION, FL 3332	2 US	O4 DEC 10 PM 1: 45 SECRETARY OF STATE TALL AHASSEE, FLORIDA
2041 Suite, Apt.	<u>.</u>	3. Mailing Address 2041 Chan Suite, Apt. #, etc.	npions Va	11092004 REIN-P CR2E098 (6/04)
Month L	audendale FL	North Lander		4. FEI Number Applied For 65-0947295 Not Applicable
FL3	33068 Country 5 A 6. Name and Address of Current	Zip 3 306 8 Registered Agent	Country USH	Certificate of Status Desired S8.75 Additional Fee Required Name and Address of New Registered Agent
500 NW 62 STE 455	ON, JOHN L 2ND ST JDERDALE, FL 33309		Street Addres	ss (P.O. Box Number is Not Acceptable)
the obligat	e named entity submits this statement for tions of registered agent.	or the purpose of changing its r	registered office or regis	stered agent, or both, in the Sall V. Constal II am familiar with the accept
SIGNATURE.	Signature, typed or present name of registered agent	t and little of applicable. (NOTE	: Registered Agent signates	equired when reinstating) DATE
	E NOW!!! FEE IS \$750.00 nuary 1; 2005, Fee will be \$900.	00		
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TALE	DP	Delete	TITLE	Change Addition
NAME STREET ADDRESS	GESOGLU, BEKIR S 1852 N WEST 94TH AVE			2041 Champions Way
CITY+S1+ZIP	PLANTATION, FL 33322	. Пъ.	CITY-ST-ZIP	Plantation Fr NorthLanderdale FA
TITLE NAME		Delete	NAME	☐ Change ☐ Addition
STREET ADDRESS CITY-S1-ZIP	:		STREET ADDRESS CITY-ST-ZIP	*
THLE		☐ Delete	TITLE	- Change Addition
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS		. Delute	TITLE NAME STREET ADDRESS	Clarge Addition
CITY-ST-ZIP			CITY-ST-ZIP	Change Addition
TITLE NAME	1	☐ Delete	TITLE NAME	Change Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	50004332 317 6 12/10/0401018009 **150.00
TITLE		☐ Delete	TITLE	☐ Change ☐ Addillon
NAME STREET ADDRESS			NAME STREET ADDRESS	
CITY-ST-ZIP			CITY+ST-ZIP	
indicated of the cor	d on this report or supplemental report i	is true and accurate and that mo powered to execute this report a	ny signature shall have t as required by Chapter	n Section 119.07(3)(i), Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if
SIGNAT	TURE:	Be PRINTED NAME OF SIGNING OFFICER OF	Kir besogli	U 12/7/04 9547719336





October 25, 2004

Florida Department of State P.O. Box 6327 Tallahassee, FL 32314

RE: P99000074723

Gentlemen:

Please reinstate our company since we moved during last year and we did not get our renewal notice. Please waive the penalty and change your records to the above address. Enclosed please find our check for \$150.00

Very truly yours

Bekir S. Gesoglu

The state of the s