


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90349 001 ****75.00
03-09-2006 90349 002 ****75.00


DOCUMENT # S46560 1. Entity Name AVJ, INC.	
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Principal Place of Business P. O. BOX 17331 TAMPA, FL 33682	Mailing Address P. O. BOX 17331 TAMPA, FL 33682
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

00001147



02022006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent VALDES, JOAN 11542 U.S. HWY. 19 PORT RICHEY, FL 34668	
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4. FEI Number 59-3062723	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent Name <u>Joan Valdes</u> Street Address (P.O. Box Number is Not Acceptable) <u>5045 Rennoch Blvd</u> City <u>Wesley Chapel</u> FL Zip Code <u>33544</u>	

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 Joan Valdes, vice-president DATE 2/6/06

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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALDES, ARTHUR C POST OFFICE BOX 17331 N/A TAMPA, FL 33682 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALDES, JOAN Q POST OFFICE BOX 17331 N/A TAMPA, FL 33682 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Joan Valdes Joan Valdes DATE 2/6/06 DAYTIME PHONE # 813-335-4716

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR