

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2005 08:00 AM
Secretary of State



1st MOORE CR2E034 (10/04)

DOCUMENT # V18025				Applied For <input type="checkbox"/> Not Applicable	
1. Entity Name A.N.J. INCORPORATED				4. FEI Number 65-0316240	
Principal Place of Business 1500 NW 62 STR STE 507 FT. LAUDERDALE FL 33309 US		Mailing Address 1500 NW 62 STR STE 507 FT. LAUDERDALE FL 33309 US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
2. Principal Place of Business		3. Mailing Address		6. Name and Address of Current Registered Agent	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		7. Name and Address of New Registered Agent	
City & State		City & State		Name	
Zip	Country	Zip	Country	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE _____ <small>(NOTE Registered Agent signature required when reinstating)</small>	

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
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROMAN, JERRY		NAME		
STREET ADDRESS	5800 NE 19 TERR		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33308		CITY-ST-ZIP		
TITLE	VPTS <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROMAN, IRENA T		NAME		
STREET ADDRESS	5800 NE 19 TERR		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33308		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(d), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jerry Roman* **Jerry Roman** **4-29-05** **954/491-750**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #