


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 08:00 AM
Secretary of State

| | | |
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| DOCUMENT # V18025 | |  |
| 1. Entity Name A.N.J. INCORPORATED | | |

| | |
|---|---|
| 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 |
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DO NOT WRITE IN THIS SPACE



04042007 No Chg-P CR2E034 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 65-0316240 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

ROMAN, JERRY
 5800 NORTHEAST 19 TERRACE
 FT. LAUDERDALE, FL 33308

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 | P ROMAN, JERRY 5800 NE 19 TERR FORT LAUDERDALE, FL 33308 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPTS ROMAN, IRENA T 5800 NE 19 TERR FORT LAUDERDALE, FL 33308 |
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 05/24/07-80004-002 150.00

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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: Irena T. Roman, VP 4/30/07 954-491-7502
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #