## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 22, 2007 8:00 am Secretary of State

DOCUMENT # V43719  1. Entity Name  AMBAR D.J. INTERNATIONAL, CORP.					01-22-2007 90094 033 ***150.00			
Principal Place of Business Mailing Address								
311 SW 5 STREET 311 SW 5 STREET								
			4 US					
				) i den en e	 	RIND) DISTA NAMA BISTA DISTA SAN	11 <b>88</b> )    1 <b>58</b> )	
Principal Place of Business - No P.O. Box #     3. Mailing Address.								
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Suite, Apt. #, etc. Suite, Apt. #, etc.					01122007	Chg-P	CR2E034 (12/06)	
City & State City & State					4. FEI Numb	per	[ Ar	plied For
FLOURA City to Troubacity			M		65-032		<del>)  </del>	t Applicable
Zip Couhtry Zip Co		Country	\_	5. Certificate	e of Status Desired	□ \$8.75 Add		
22	6. Name and Address of Current I	Registered Agent	000		7. Name and	d Address of New Re	Fee Require	<u> </u>
				Name				
CARIDAD ALEMAN				Street Address (P.O. Box Number is Not Acceptable)				
311 SW 5 STREET FLORIDA CITY, FL 33034				once nucleas ( .c. box miniber is not nuceptable)				
				522 SW 32 Ave				
				City Frank Origin FL Zin 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 tamiliar with, and accept								
the obligations of registered agents								
SIGNATURE Superture. Noted or purised name of restricted apert and title if applicable. (NOTE: Recisiered Agent signature required when prostating)  DATE								
1	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: F	Registered Agent signati	ure required	when reinstating)		DATE	
FILE NOWIN FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be  Trust Fund Contribution.   Added to Fees								
10.	OFFICERS AND I	DIRECTORS	11.		ADDITIONS	CHANGES TO OFFIC	CERS AND DIRECTOR	S IN 11
TITLE	PVPS	Delete	TITLE				Change	☐ Addition
NAME STREET ADDRESS	ALEMAN, CARIDAD 311 SW 5 STREET		NAMÉ STREET ADDRESS	<u>-</u> .	· C	3. DAVE		
CITY-ST-ZIP	FLORIDA CITY, FL 33034		CITY-ST-ZIP	J		-		
TITLE	T	☐ Delete	TITLE			· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME	ALEMAN, CARIDAD		NAME	٫ ـ		3 Pl Are		
STREET ADDRESS CITY-ST-ZIP	311 SW 5 STREET FLORIDA CITY, FL 33034		STREET ADORESS CITY-ST-ZIP	2 11	_300	21010	•	j
TITLE	TEORIBA GITTITE CODGA	Delete	TITLE				Change	Addition
NAME		L Delac	NAME				டு சங்கும்	nodicon
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE .	_			∐ Change	Addition
STREET ADDRESS			STREET ADDRESS	_				Ì
CITY-ST-ZIP	***************************************	T	CITY-ST-ZIP					
title Name		☐ Delete	TITLE				☐ Change	☐ Addition
STREET ADDRESS	•		NAME STREET ADDRESS	1				
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE				☐ Change	Addition
NAME CTREET ADDRESS			NAME CITATES ADDRESS					
STREET ADDRESS CITY-ST-ZIP			. Street address City-St-Zip					ļ
12. I hereby	I certify that the information supplied with	this filing does not qualify for	the exemptions o	ontained	in Chapter 11	9. Florida Statutes 1 f	urther certify that the in	nformation
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: X 4 1-19-07 3052425798								
SIGNAL	PICHATURE BY TYPED OR O	PROTED NAME OF PICKING OFFICER OF	N DEPTATE				201040	2 2