


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90031 026 \*\*\*158.75

|  |   |
|--|---|
| <b>DOCUMENT # V57324</b>                       |  |
| 1. Entity Name<br><b>AMERICAN JITNEY, INC.</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>551 SW 57 AVENUE<br/>#1<br/>MIAMI, FL 33144</b> | Mailing Address<br><b>551 SW 57 AVENUE<br/>#1<br/>MIAMI, FL 33144</b> |
|---|---|

|  |  |
|--|--|
| 2. Principal Place of Business - No P.O. Box #<br><b>5122 SW 5 Terrace</b> | 3. Mailing Address<br><b>5122 SW 5 Terrace</b> |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.                            |

|                                  |                                  |
|----------------------------------|----------------------------------|
| City & State<br><b>Miami, FL</b> | City & State<br><b>Miami, FL</b> |
| Zip<br><b>33134</b>              | Zip<br><b>33134</b>              |
| Country<br><b>USA</b>            | Country<br><b>USA</b>            |

40051301



03042007 Chg-P CR2E034 (12/06)

|   |  |
|---|--|
| 4. FEI Number<br><b>65-0348618</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

|  |  |  |  |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent<br><b>MACHO, JOSE A<br/>551 SW 57TH AVE., #1<br/>MIAMI, FL 33144</b> |  | 7. Name and Address of New Registered Agent<br>Name<br><b>Macho, Jose A.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>5122 SW 5 Terr.</b><br>City<br><b>Miami</b> FL Zip Code<br><b>33134</b> |  |
|--|--|--|--|

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.

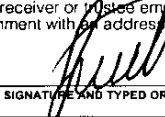
SIGNATURE:  DATE: **3/4/07**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS                    |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|---|---------------------------------|---|--|
| TITLE<br><b>P</b>                             | <input type="checkbox"/> Delete | TITLE<br><b>P</b>                                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>MACHO, JOSE A</b>                  |                                 | NAME<br><b>Macho, Jose A</b>                          |  |
| STREET ADDRESS<br><b>551 SW 57TH AVE., #1</b> |                                 | STREET ADDRESS<br><b>5122 SW 5 Terrace</b>            |  |
| CITY-ST-ZIP<br><b>MIAMI, FL 33144</b>         |                                 | CITY-ST-ZIP<br><b>Miami FL 33134</b>                  |  |
| TITLE<br><b>V</b>                             | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME<br><b>PEREZ, ARTURO</b>                  |                                 | NAME  |  |
| STREET ADDRESS<br><b>3330 SW 105TH CT</b>     |                                 | STREET ADDRESS  |  |
| CITY-ST-ZIP<br><b>MIAMI, FL 33165</b>         |                                 | 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 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:  DATE: **3/4/07** DAYTIME PHONE: **786 218 6884**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR