


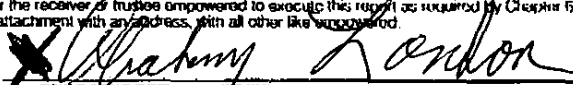
Feb 12 04 11:37a

Joseph London

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90018 029 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # V62800			
1. Fictitious Name A.J. AUTO TRANSPORTERS, INC.			
Principal Place of Business 220 SUNNY ISLE BLVD NORTH MIAMI BEACH, FL 33160 US		Mailing Address 220 SUNNY ISLES BLVD NORTH MIAMI BEACH, FL 33160 US	
2. Principal Place of Business		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
02152004		Chg-P	CR2E034 (10/03)
4. FEI Number 65-0356525		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Required <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of Former Registered Agent	
LONDON, ABRAHAM 220 SUNNY ISLES BLVD. SUITE 512 NORTH MIAMI BEACH, FL 33160		Name: 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: _____ (Signature, typed or printed name of registered agent and date of signature. NOTE: Registered Agent Signature required when removing.) DATE: _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST. ZIP	PST LONDON, ABRAHAM 3701 N. COUNTRY CLUB DR., #501 MIAMI BEACH, FL <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	V LONDON, ALAN 220 SUNNY ISLES BLVD. NORTH MIAMI BEACH, FL 33160 <input checked="" 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	<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 exemption stated in Section 119.07(3)(i), 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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with any address, with all other like signatures.			
SIGNATURE: 		2-15-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

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