2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000066599

1. Entity Name

AEJ MANAGEMENT CORP.

FILED
May 02, 2007 08:00 AM
Secretary of State

CR2E034 (11/05)

524-7700

Principal Place of Business

C/O JUSTER DEVELOPMENT CO. 303 S. BROADWAY, STE. 450 TARRYTOWN, NY 10591-5410 Mailing Address

C/O JUSTER DEVELOPMENT CO. 303 S. BROADWAY, STE. 450 TARRYTOWN, NY 10591-5410



DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For
13-4180353	 	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC. 9200 S. DADELAND BLVD., STE. 508 MIAMI, FL 33156

DO NOT WRITE IN THIS SPACE

No Chg-P

04242007

	named entity submits this statement for the parties of registered agent.	urpose of changing its regi	stered office or	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Reg	istered Agent signatur	e required when reinstating)	DATE
	E NOWIR FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign f Trust Fund Contribut		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST JUSTER, ANN E 303 S BROADWAY #450 TARRYTOWN, NY 10591				U00000755209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUMBINGER, WALTER 575 LEXINGTON AVE SUITE 2840 NEW YORK, NY 10022				05/22/07-80093-005 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY+ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS 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.					

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR