2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000066599

1. Entity Name

AEJ MANAGEMENT CORP.



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

FILED Aug 21, 2008 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) 08062008 No Chg-P

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

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

	named entity submits this statement for the paions of registered agent.	ourpose of changing its registered	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: Registered			d Agent signature required when reinstating)		DATE
	LÈ NOW!!! FEE IS \$150.00 ue by September 12, 2008	9. Election Campaign Financi Trust Fund Contribution.	ng	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10.	OFFICERS AND DIRECTORS				<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST JUSTER, ANN E 303 S BROADWAY #450 TARRYTOWN, NY 10591				
NAME STREET ADDRESS CITY - ST - ZIP	D GUMBINGER, WALTER 575 LEXINGTON AVE SUITE 2840 NEW YORK, NY 10022				U00000958057 08/21/08-80001-007 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE					

12. I hereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

> NTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PE