


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 06, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000163261</b> 1. Entity Name A & A LAND CONSULTANTS, INC.	
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Principal Place of Business 757 NORTHWEST 27TH AVENUE SUITE 204 MIAMI, FL 33125	Mailing Address 757 NORTHWEST 27TH AVENUE SUITE 204 MIAMI, FL 33125
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**DO NOT WRITE IN THIS SPACE**



02012008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1970519	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  AGUILAR, RICHARD 757 NORTHWEST 27TH AVENUE SUITE 204 MIAMI, FL, FL 33125
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IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000818089 02/15/08-80030-006 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AGUILAR, RICHARD 757 NORTHWEST 27TH AVENUE, SUITE 204 MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ABAY, FRANK 715 NORTHWEST 165TH AVENUE PEMBROKE PINES, FL 33028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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.

<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>2/1/08</b> <small>Date</small>	<b>305-651-8700</b> <small>Daytime Phone #</small>
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