


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 04, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P05000009990 1. Entity Name A & A BLOCKS INC	
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Principal Place of Business 2944 SW 156 PL MIAMI, FL 33182	Mailing Address 2944 SW 156 PL MIAMI, FL 33182
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**DO NOT WRITE IN THIS SPACE**



03252007 No Chg-P CR2E034 (11/05)

4. FEI Number 34-2031468	Applied For 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

FONSECA, ANA  
 1132 NORTH WEST 124 PLACE  
 MIAMI, FL 33185

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FONSECA, ANA 1132 NORTH WEST 124 PLACE MIAMI, FL 33182
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FONSECA, ALEXANDER 2944 SW 156 PL MIAMI, FL 33182
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**DO NOT WRITE IN THIS SPACE**

U00000688632  
04/11/07-80003-004 150.00

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 reports 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: **X**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_