


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Mar 15, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000074592
1. Entity Name
A+ RESEARCH INC.



| | |
|---|--|
| Principal Place of Business 6741 SW 24TH ST SUITE 56 MIAMI, FL 33155 | Mailing Address 6741 SW 24TH ST., STE. 56 MIAMI, FL 33155 |
|---|--|

DO NOT WRITE IN THIS SPACE



03112007 No Chg-P CR2E034 (11/05)

| | |
|---|--------------------------------|
| 4. FEI Number 14-1930318 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

ROMERO, NIURKA
6741 SW 24TH ST.,
STE. 56
MIAMI, FL 33155

**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 *Niurka* DATE Mar. 11-07

Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

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 | P |
| NAME | ROMERO, NIURKA |
| STREET ADDRESS | 6741 SW 24TH ST., STE. 56 |
| CITY-ST-ZIP | MIAMI, FL 33155 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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03/26/07-80014-003 150.00

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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.

SIGNATURE: *Niurka* DATE Mar, 11-2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #