

**2009 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 30, 2009  
Secretary of State**

DOCUMENT# P08000006587

Entity Name: A & F COLLECTION INC

**Current Principal Place of Business:**

3300 NE 191 ST  
1804  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

3300 NE 191 ST  
1804  
AVENTURA, FL 33180

**New Mailing Address:**

FEI Number: 26-1774594      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PB&A FINANCIAL SERVICES CORP  
174 NE 96 ST  
MIAMI, FL 33138      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: FROST, CARLOS F  
Address: 3300 NE 191 ST # 1804  
City-St-Zip: AVENTURA, FL 33180

Title: VP ( ) Delete  
Name: AMSEL, NIR  
Address: 3300 NE 191 ST # 1804  
City-St-Zip: AVENTURA, FL 33180

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CFF

P

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date