

2004 UNIFORM BUSINESS REPORT (UBR)

F 05-17-2004 90015 030 ***300.00
P02000048256

04 MAY 24 PM 5:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

24076121

DO NOT WRITE IN THIS SPACE

DOCUMENT# P02000048256
1. Entry Name
001 A1A INC.

Principal Place of Business: **001 A1A INC**
Mailing Address: **SAME AS BUSINESS ADDRESS**

2. Principal Place of Business: **4081 N FEDERAL HWY 210-A**
3. Mailing Address: **Suite, Apt. #, etc.**

City & State: **POMPANO BEACH**
City & State: **USA**

4. FEI Number: **47-0868197**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**COELHO, PATRICIA M
4081 N FEDERAL HWY # 210 A
POMPANO BEACH, FL 33064**

7. Name and Address of Now Registered Agent
Name: _____
Street Address (P O Box Number is Not Acceptable): _____
City: _____ FL Zip Code: _____

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.

SIGNATURE: _____ DATE: **05/14/2004**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

FILE NOW: FEE IS \$61.25
9. Election Campaign Financing Trust Fund Contribution: **\$5.00 may Be Added to Fees**
Make Check Payable to Department of State

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P/NI/SI PATRICA M. COELHO 4081 N FEDERAL HWY POMPANO BEACH- FL 33064 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. I Herby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07 (3)(i), 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 qualified by chapter 617, 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: _____ DATE: **05/14/2004** (786) 326-2359
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment

24076121

#P02000048256

Deerfield Beach, Florida May 14, 2004.

**FLORIDA DEPARTMENT OF STATE
REINSTATEMENT DEPARTMENT
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE - FL - 32314**

To Whom It May Concern:

I would like to inform you that I have a Profit Corporation by the following name:

**001 A1A INC.
Doc. # P02000048256**

And we have not receive the Annual Business Report 2003 due to the fact that we moved last year and even changing our address with the United States Postal Office we did not received the Annual Business Report 2003 and 2004.

We received a phone call from our accountant mentioning that we had not filed yet this form and needs to be filed as soon as possible with Florida Department of State, Division of Corporations with a check amount of \$ 300,00 for both years.

Please accept our consideration with the update form, and wave the penalty once was not our intention to be late and just now we received this form by mail and always we are on time with the State of Florida, Division of Corporations, and Department of taxes, which we honor and respect the laws and statues.

Please find enclosed a check amount of \$ 300,00 to pay the Annual Business Report 2003 and 2004.

Once again thank you for your consideration and concern on this matter and if you have any question do not hesitate to contact us.

Sincerely,


**001 A1A INC.
PATRICIA M COELHO- PRESIDENT**