


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 22, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000065120  
 1. Entity Name  
 A1 FINISH CORP.



Principal Place of Business      Mailing Address  
 1330 PENNSYLVANIA AVE #1-A      1330 PENNSYLVANIA AVE #1-A  
 MIAMI BCH, FL 33139              MIAMI BCH, FL 33139

**DO NOT WRITE IN THIS SPACE**



07192005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
 65-1156755      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 DOMINGUEZ, JOSE L  
 1330 PENNSYLVANIA AVE #1-A  
 MIAMI BCH, FL 33139

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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 \_\_\_\_\_      U00000374107  
Signature, typed or printed name of registered agent and file if applicable.      (NOTE, Registered Agent signature required when reinstating)      DATE

07/22/05-80008-013 150.00

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DOMINGUEZ, JOSE L
STREET ADDRESS	1330 PENNSYLVANIA #1-A
CITY - ST - ZIP	MIAMI BEACH, FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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12. I hereby 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 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 an other like empowered.

SIGNATURE: *[Signature]*      07/19/05      305-4913911  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #