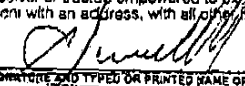


FILED
Mar 07, 2006 8:00 am
Secretary of State

03-07-2006 90195 001 ***158.75

03-07-2006 90195 002 ***158.75

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # V66299 1. Entity Name A1 SUN PROTECTION, INC.			
Principal Place of Business 9550 NW 12 ST #13 MIAMI, FL 33172		Mailing Address 9550 NW 12 ST #13 MIAMI, FL 33172	
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent BISCHOFF, ANTONIO 9550 NW 12 ST., #13 MIAMI, FL 33172		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 reappointing) Signature, typed or printed name of registered agent and title if applicable.			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	PSD BISCHOFF, ANTONIO 9550 NW 12 ST. #13 MIAMI, FL 33172		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T MENDOZA, ALVARO 9550 NW 12 ST. #13 MIAMI, FL 33172		
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			
DO NOT WRITE 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: 		3/2/06 305-5910810 Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

66003939



03022006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0358859	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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