

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 07, 2007 08:00 AM  
Secretary of State

DOCUMENT # P04000163261

1. Entity Name  
A & A LAND CONSULTANTS, INC.



Principal Place of Business  
757 NORTHWEST 27TH AVENUE  
SUITE 204  
MIAMI, FL 33125

Mailing Address  
757 NORTHWEST 27TH AVENUE  
SUITE 204  
MIAMI, FL 33125



03032007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-1970519

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

AGUILAR, RICHARD  
757 NORTHWEST 27TH AVENUE  
SUITE 204  
MIAMI, FL, FL 33125

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

U000000658363  
03/15/07-80035-014 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	AGUILAR, RICHARD
STREET ADDRESS	757 NORTHWEST 27TH AVENUE, SUITE 204
CITY-ST-ZIP	MIAMI, FL 33125
TITLE	VP
NAME	ABAY, FRANK
STREET ADDRESS	715 NORTHWEST 165TH AVENUE
CITY-ST-ZIP	PEMBROKE PINES, FL 33028
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #