## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 29, 2007 08:00 AM Secretary of State

		ANNUA	Secretary of State								
DOCUMENT # 542556  1. Entity Name									•	-	
A.F.A. ENTERPRISES, INC.											
						13.00					
Principal Place of Business Mailing Address						1	1				
	CARLOS BLV			19003 SAN CARLOS BLVD							
FT. MYERS BCH, FL 33931 FT. MYERS BCH, FL 33931					3931			·- ·			
Principal Place of Business - No P.O. Box # 3. Mailing Address											
Suite, Apt. #, etc.			Suite,	Suite, Apt. #, etc.			01102007	Chg-P	CR2E034 (1	2/06)	
City & State			City &	City & State			4. FEI Number 59-1760				plied For at Applicable
Zip	p Country		Zip	Zip Coun		try	1	f Status Desired		75 Add Require	litional
6. Name and Address of Current			nt Registered	Registered Agent			7. Name and A	ddress of New R		· · · · · · · · · · · · · · · · · · ·	<u> </u>
DEPAOLO SR., A.F.						Name					
19003 SAN CARLOS BLV FT. MYERS BCH, FL 33931						Street Address (P.O. Box Number is Not Acceptable)					
11. WIERO DUT, PL 33931											
						City			FL.	ip 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. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE											
Signature, typed or printed name of registered agent and their applicable (NOTE: Registered Agent signature required when reinstating)  DATE											
FILE NOW!!! FEE 18 \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees											
10,		OFFICERS AN	D DIRECTORS	<u> </u>	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND DIRE	CTOR	SIN 11
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NAME STREET ADDRESS				NAME Street		E Et address		02/01/07	060979 <b>F</b> ° -80064-01	18 1	50.00
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NAME				FT Dalere	NAME	:			۰ لبة	Hanyo	[_] MUUMON
STREET ADDRESS City - St - Zip						ET AODRESS -ST-ZIP					
12. Lhereby	certify that the	information supplied wi	ith this filing do	pes not qualify fo	r the eve	hanietoo agaitame	I in Chapter 119.1	Florida Statutes, I	further certify the	at the ir	Iformation
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 cath; 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: (2) PE Sop & A.F. De Paolo Sa 1-26.07 -238-763-1844											
SIGNATURE: UPS SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date											