2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

of the corporation or the if changed, or on an atta

SIGNATURE:

an address, with all other like empowered

## Mar 06, 2007 8:00 am DOCUMENT # F08248 **Secretary of State** 1. Entity Name 03-06-2007 90006 045 \*\*\*158.75 AYO ASSOCIATES, INC. Principal Place of Business Mailing Address 3328 WESTMORE LAND DRIVE P.O. BOX 273568 **TAMPA FL 33618** TAMPA FL 33688-3568 2. Principal Place of Business - No P.Q. Box # 273568 3328 Wesomine Suite, Apt. #, etc 1st MOORE CR2E034 (10/06) ily & State City & State 4. FEI Number Applied For 59-2042180 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AYO, JOSEPH J Street Address (P.O. Box Number is Not Acceptable) 3328 WEST MORELAND DRIVE TAMPA-FL-33618 City 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. I am familiar with, and accept the obligation registered agent. SIGNATURE of registered agent and title c applicable. (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE HITE Delete ☐ Change Addition AYO, JOSEPH J NAMI 3328 WESTMORELAND DR STREET ADDRESS STREET ADDRESS TAMPA FL CITY ST ZIP CHY ST ZIP 1VP THE ☐ Delete Change Addition ROSSI, MICHAEL A NAMI 4011 HUDSON TR STRELL ADDRESS STREET ADDRESS **TAMPA FL 33624** CITY - ST-ZIP CHY ST ZIP HILE Delete Change ■ Addition AYO, JOSEPH V NAMI 5118 RAWLS ROAD STREET ADDRESS STREET LADDRESS **TAMPA FL 33624** CHY-ST-ZIP CHY SI ZIP HITE Delete 1000 □ Change Addition AYO, YOLANDA E NAME NAM 3328 WESTMORELAND DRIVE STREET ADDRESS STREET ADDRESS **TAMPA FL 33610** CITY ST-ZIP CITY ST 7IP TITLE ☐ Delete MUE Addition ☐ Change ROSSI, SANDRA ELISA NAME NAMI C/O 3328 WESTMORELAND DR STREET ADDRESS STREET LADORESS **TAMPA FL 33618** CHY-ST-ZIP CHY SL ZIP DHE ☐ Delete 1616 ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - S1 - ZIP CHY SI ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; that I am an officer or director of the corporation or the poceiver at trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11

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