

2007 FOR PROFIT CORPORATION ANNUAL REPORT

06-18-2007 90001 036 ***150.00
F35473

FILED

07 JUN 25 PM 12: 06

SECRETARY OF STATE
4014 DALLAHASSEE, FLORIDA

DOCUMENT # F35473	
1. Entity Name A & A SUPPLY CO., INC.	



Principal Place of Business 2000 SW 71ST TERR P. O. BOX 290787 DAVIE, FL 33329	Mailing Address 2000 SW 71ST TERR P. O. BOX 290787 DAVIE, FL 33329
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2. Principal Place of Business - No P.O. Box # 2000 SW 71st Terrace Suite, Apt. #, etc. A-2	3. Mailing Address P.O. Box 290787 Suite, Apt. #, etc.
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05242007 Chg-P CR2E034 (12/06)

City & State Fort Lauderdale, FL	City & State Davie, FL
Zip 33311	Country Broward
Zip 33329	Country Broward

4. FEI Number 59-2146609	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GARBER, ALAN M 2000 S.W. 71ST TERR. DAVIE, FL 33317	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 obligations of registered agent.

SIGNATURE _____	DATE _____
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FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD GARBER, ALAN M. 2000 S.W. 71ST TERRACE A-2 DAVIE, FL 33317 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD GARBER, JACQUELINE L. 2000 S.W. 71ST TERRACE A-2 DAVIE, FL 33317 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Alan M. Garber</i>	Date: 6/13/07	Daytime Phone #: 954-473-1172
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