2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 18, 2005 08:00 AM **DOCUMENT # F42993 Secretary of State** 1. Entity Name A-1 INVESTORS, INC. Principal Place of Business Mailing Address 6521 COW PEN RD PO BOX 170336 HIALEAH, FL 33017 US G-102 MIAMI LAKES, FL 33014 01052005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2118618 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent SUPERSTEIN, NORMAN CPA DO NOT WRITE 1108 KANE CONCOURSE, SUITE 309 BAY HARBOR ISLANDS, FL 33154 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PSD TITLE BADER, HERMAN NAME STREET ADDRESS 64 EDWARDS ST APT 1B LONG ISLAND, NY CDY-ST-ZIP TITLE BADER, ROBERT W NAME 649 PARK AVE STREET ADDRESS 01719705-80042-009 150.00 **HUNTINGTON, NY 11743** CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TETLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CICMATUDE.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Ferman Bader, Ines

1/12/05 3W-823-8776

FILED