2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 16, 2007 08:00 AM Secretary of State DOCUMENT # F42993 1. Entity Namo A-1 INVESTORS, INC. Principal Place of Business Mailing Address PO BOX 170336 HIALEAH FL 33017 6521 COW PEN RD G-102 MIAMI LAKES FL 33014 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite Apt # etc 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 59-2118618 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SUPERSTEIN, NORMAN CPA 1108 KANE CONCOURSE, SUITE 309 BAY HARBOR ISLANDS FL 33154 Street Address (P.O. Box Number is Not Acceptable) 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 Signature, typed or printed name of registered agent and title it 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. PSD Delete Change Addition THU mic. BADER, HERMAN NAME NAME 64 EDWARDS ST APT 1B U00000638262 02/27/07-80023-012 150.00 STREET ADDRESS STREET ADDRESS LONG ISLAND NY CITY - ST-ZIP CITY-ST-ZIP VT HIII ☐ Delete ☐ Change Addition BADER, ROBERT W NAME NAME: 649 PARK AVE STHEET LADORESS STREET ADDRESS CITY - ST-7IP **HUNTINGTON NY 11743** CITY+S1-7IP ☐ Change Addition DITE ☐ Delete TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CHY-S1-7IP CITY-ST-7IP ■ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CHY-SI-ZIP IME ☐ Delete Change ☐ Addition THILE NAME MARKE STREET ADDRESS STREET ADORESS CITY-ST-78P CITY-SI-ZIP ☐ Change ■ Addition BILE Delete TIME NAME NAME STREET ADDRESS STREET ADDRESS CITY- ST-7IP CITY-ST-ZIP 12. I horeby cortify 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 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.