2006 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT				
DOCUMENT # G79100				FILED
 Entity Name A-INVESTMENT 				
			06 HAR - 1 /// 8: 50	
Principal Place of Busin	ess N	lailing Address		e e e e E e e e e e e e e e e e e e e e e e e e
5281 EHRLICH ROAD TAMPA, FL 33624	_	5281 EHRLICH ROAD FAMPA, FL 33624 US		
17411 74, 72 33024		MIN M, LE 330E+ 03		I IRANIN ARIN IRENE IRITI MENI RENI RENI RENI RISIN RISIN RISIN RISIN GIRINGTI II ITEN
DO NOT WRITE IN THIS SPACE				01252006 No Chg-P CR2E034 (11/05)
			4. FEI Number Applied For	
				59-2373985 Not Applicable
			· · · · · · · · · · · · · · · · · · ·	5. Certificate of Status Desired \$8.75 Additional Fee Required
Name and Address of Current Registered Agent				
QUINTELA, ARIEL 5281 EHRLICH RD				DO NOT WRITE
TAMPA, FL 33624			IN THIS SPACE	
				iit Thio of AoE
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.				
SIGN 1/TURE Squature, typed placed agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
9. Election Campaign Financing \$5.00 May RD DD DD PROPERTY OF THE PROPERTY OF				
* FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing				
10.	OFFICERS AND DIRE	CTORS]	
	ELA, ARIEL			
STREET ADDRESS 5281 E CITY-ST-ZIP TAMPA	HRLICH ROAD A. FL			
TITLE	*		1	
NAME STREET ADDRESS				
CITY-ST-ZIP				
TITLE NAME				
STREET ADDRESS				DO NOT WRITE
CITY-ST-ZIP			-	
NAME				IN THIS SPACE
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS			-	
NAME STREET ADDRESS CITY-SI-ZIP	3/1/24		-	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	3 July the information supplied with this	filling does not quality for the ex	emptions contained	in Chapter 119, Florida Statutes. I further certify that the information
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	the information supplied with this port or supplier ential report is true or the receiver or this tee empowers attact ment with all address, with a	filing does not qualify for the ext and accurate and that my signa d to execute this report as requi Ill other like empowered.	emptions contained ture shall have the tred by Chapter 607	d in Chapter 119, Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director , Florida Statutes; and that my name appears in Block 10 or Block 11 if
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	port or supplemental report is true or the receiver or vistee empowere attachment with all address, with a	filing does not quality for the ext and accurate and that my signa ad to execute this report as requi Ill other like empowered.	emptions contained ture shall have the red by Chapter 607	I in Chapter 119, Florida Statutes, I further certify that the information same legal effect as if made under oath; that I am an officer or director , Florida Statutes; and that my name appears in Block 10 or Block 11 if