## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Jan 29, 2007 08:00 AM DOCUMENT # G79100 **Secretary of State** A-INVESTMENTS DEVELOPMENT CORP. Mailing Address Principal Place of Business 5281 EHRLICH ROAD 5281 EHRLICH ROAD TAMPA, FL 33624 TAMPA, FL 33624 No Chg-P CR2E034 (11/05) 01172007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2373985 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent QUINTELA, ARIEL DO NOT WRITE 5281 EHRLICH RD TAMPA, FL 33624 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 DATE Signature, typed or printed name of registered agent and title II applicable. (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10, TITLE NAME QUINTELA, ARIEL U00000608727 02/01/07-80022-006 150,00 5281 EHRLICH ROAD STREET ADDRESS TAMPA, FL CITY-ST-70P TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST-ZIP IN THIS SPACE TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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 trusted 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:

NAME STREET ADDRESS CITY-ST-ZIP