

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2007 08:00 A
Secretary of State

DOCUMENT # H76745

1. Entity Name

A+ MANAGEMENT SERVICES, INC.



Principal Place of Business

16840 NE 19TH AVENUE
NORTH MIAMI BEACH, FL 33162 US

Mailing Address

16840 NE 19TH AVENUE
NORTH MIAMI BEACH, FL 33162 US



01262007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0084778

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BEN-DAVID, DAVID
16840 NE 19TH AVENUE
NORTH MIAMI BEACH, FL 33162

**DO NOT WRITE
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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	BEN-DAVID, DAVID
STREET ADDRESS	16840 NE 19TH AVE
CITY-ST-ZIP	NORTH MIAMI BCH, FL 33162
TITLE	ST
NAME	BEN-DAVID, GAL
STREET ADDRESS	16840 NE 19TH AVENUE
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162
TITLE	V
NAME	BEN-DAVID, SHAY
STREET ADDRESS	16840 NE 19TH ST
CITY-ST-ZIP	N MIAMI, FL 33162
TITLE	S
NAME	BEN-DAVID, RAN
STREET ADDRESS	16840 NE 19TH AVE
CITY-ST-ZIP	N MIAMI BEACH, FL 33162
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/27/07-80022-019 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/12/07