
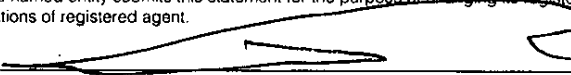
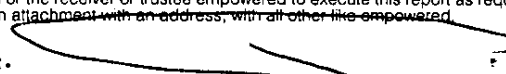


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2008 8:00 am**  
**Secretary of State**

02-19-2008 90018 031 \*\*\*150.00

<b>DOCUMENT # H76745</b> 1. Entity Name <b>A+ MANAGEMENT SERVICES, INC.</b>					
Principal Place of Business <b>16840 NE 19TH AVENUE NORTH MIAMI BEACH, FL 33162 US</b>			Mailing Address <b>16840 NE 19TH AVENUE NORTH MIAMI BEACH, FL 33162 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0084778</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BEN-DAVID, DAVID 16840 NE 19TH AVENUE NORTH MIAMI BEACH, FL 33162</b>			7. Name and Address of New Registered Agent Name <b>Ran Ben-David</b> Street Address (P.O. Box Number is Not Acceptable) <b>16840 NE 19th Avenue</b> City <b>North Miami Beach</b> FL Zip Code <b>33162</b>		
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  <b>Ran Ben-David</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) <b>Pres.</b> DATE <b>2/14/08</b>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>BEN-DAVID, DAVID</b> <b>16840 NE 19TH AVE</b> <b>NORTH MIAMI BCH, FL 33162</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>BEN-DAVID, GAL</b> <b>16840 NE 19TH AVENUE</b> <b>NORTH MIAMI BEACH, FL 33162</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>BEN-DAVID, SHAY</b> <b>16840 NE 19TH AVENUE</b> <b>N MIAMI, FL 33162</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BEN-DAVID, RAN</b> <b>16840 NE 19TH AVE</b> <b>N MIAMI BEACH, FL 33162</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  <b>Ran Ben-David</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>Pres.</b>			Date <b>2/14/08</b> Daytime Phone # <b>305 405 4001</b>		