


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90349 025 ****50.00

DOCUMENT # L04000068434							
1. Entity Name A & I, LLC							
Principal Place of Business 1490 SOUTH FEDERAL HWY POMPANO BEACH, FL 33062			Mailing Address 1490 SOUTH FEDERAL HWY POMPANO BEACH, FL 33062				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 20-1857367			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
JAVIER, GUIDO 1490 SOUTH FEDERAL HWY POMPANO BEACH, FL 33062			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State				
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE	MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	JAVIER, GUIDO			NAME	Javier, Nancy		
STREET ADDRESS	1490 SOUTH FEDERAL HWY			STREET ADDRESS	1490 South Federal Hwy		
CITY-ST-ZIP	POMPANO BEACH, FL 33062			CITY-ST-ZIP	Pompano Beach, FL 33062		
TITLE		<input type="checkbox"/> Delete		TITLE			
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE			
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE			
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE			
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.							
SIGNATURE: <u>Guido Javier</u>				Date: <u>3/8/06</u> Daytime Phone #: <u>(954) 481-8206</u>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>							

