FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L05000028368

1. Entity Name

A & A Wholesale, LLC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1901 West 60th St		1901 West 60th St	
Suite, Apt. #, etc		Suite, Apt. #, etc.	
City & State: Hialeah		City & State: Hialeah	
Zip: 33012	Country: Miami-Dade	Zip: 33012	Country: Miami-Dade

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2596862 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Aura E Espinosa

Street Address (P.O. Box Number is Not Acceptable)

17940 NW 63 Ct

City: Miami, FL Zip Code: 33015

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: Aura Espinosa x 1/19/06

Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee Is $150.00
After May 1, Fee is $550.00
Amended UBR Is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Espinosa,Aura E / MGR 17940 NW 63 Ct Miami, Fl 33015	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Suarez, Angela / MGR 7275 SW 102 St Miami, Fl 33156	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	000000094529 01/26/06-80014-009 $0.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE**
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 1/19/06 (Date) (305) 632 4166 (Daytime Phone #)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)