2005 FOR PROFIT CORPORATION ANNUAL REPORT

04-11-2005 90178 017 ***150.00 **DOCUMENT # M96233** 1. Entity Name AAA VIDAL CORPORATION Principal Place of Business Mailing Address 66013532 1821 SW 75TH AVE RD 1821 SW 75TH AVE RD MIAMI, FL 33155 MIAMI, FL 33155 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #. etc. CR2E034 (10/03) 01062005 City & State 4. FEI Number Applied For City & State 65-0071860 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VIDAL, ALFREDO Street Address (P.O. Box Number Is Not Acceptable) 1821 SW 75 AVENUE ROAD MIAMI, FL 33155 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 SIGNATURE Signature, Mixel or present regime or ingline end append and able if applicables (FE)TE: Pergraphed Agent ingresses required when reinstating) DATE \$5.00 May Be Added to Fees 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. 10, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DPT THUE Delete TITLE ☐ Change Addition VIDAL, ALFREDO HAME NAME 1821 S.W. 75 AVE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL CITY-ST-ZIP DVS ☐ Change ■ Addition TIFLE Delete TITLE VIDAL, ANA MARIA NAME 1821 SW 75 AVE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL CITY-ST-ZIP - Change ШŒ title-Addition-- Delete -HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST- AP CHY-SI-ZP TITLE ☐ Delete TITLE Change ☐ Addition HALE HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CHY-SI-7P TITLE Delete THLE ☐ Change ☐ Addition HAME HAME STREET ADDRESS CIRCLI ADDRESS CITY-ST-ZIE CHY-SI-ZP TITLE ☐ Delete TITLE Change ☐ Addition NAME KAME STREET ADDRESS STREET ADDRESS City-St-ZP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 attourate 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 epont as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607, Florida Statutes. 4/24/05 SIGNATURE:

OFFICER OR DIRECTOR

FILED

Apr 27, 2005 8:00 am Secretary of State