

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90300 034 \*\*\*150.00

**DOCUMENT # P0000089689**

1. Entity Name  
**A & A AFFILIATES, INC.**



Principal Place of Business      Mailing Address

**11137 NW 72ND TERRACE  
 MIAMI FL 33178**      **11137 NW 72ND TERRACE  
 MIAMI FL 33178**

2. Principal Place of Business      3. Mailing Address

**10919 NW 70TH ST.**      **10919 N.W. 70TH ST.**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

**MIAMI, FL**      **MIAMI, FL**

Zip      Country      Zip      Country

**33178**      **USA**      **33178**      **USA**



MOORE      CR2E034 (11/03)

6. Name and Address of Current Registered Agent

**GONZALEZ, EDUARDO S**  
**8180 NW 36TH STREET, #230**  
**MIAMI FL 33166**

7. Name and Address of New Registered Agent

Name  
~~Florida Corporate Registered Agents, Inc.~~

Street Address (P.O. Box Number is Not Acceptable)  
**8180 N.W. 36 ST.**

**SUITE 230**

City      State      Zip Code

**MIAMI**      **FL**      **33166**

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 *Eduardo S. Gonzalez*      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing      **\$5.00** May Be Added to Fees

Trust Fund Contribution.     

10. OFFICERS AND DIRECTORS

TITLE	DPTS	<input checked="" type="checkbox"/> Delete
NAME	DE SENA, VALDETE M	
STREET ADDRESS	11137 NW 72ND TERRACE	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPTS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE SENA, VALDETE	
STREET ADDRESS	10919 N.W. 70TH ST.	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: *Eduardo S. Gonzalez*      SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #