


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90019 031 ***150.00

DOCUMENT # P01000017417

1. Entity Name
A1 & COMPANY, INC.



Principal Place of Business 2450 SW 137TH AVE SUITE 234 MIAMI, FL 33175	Mailing Address 2450 SW 137TH AVE SUITE 234 MIAMI, FL 33175
--	--

2. Principal Place of Business <i>1200 Brickell Ave</i>	3. Mailing Address <i>1200 Brickell Ave</i>
Suite, Apt. #, etc. <i>Ste 860</i>	Suite, Apt. #, etc. <i>Ste 860</i>
City & State <i>Miami, FL</i>	City & State <i>Miami, FL</i>
Zip <i>33131</i>	Country
Zip <i>33131</i>	Country



01042006 Chg-P CR2E034 (11/05)

4. FEI Number 65-1094140	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LOPEZ, PETER M ESQ 2450 SW 137TH AVE SUITE 234 MIAMI, FL 33125	7. Name and Address of New Registered Agent Name <i>Peter m. Lopez, PA</i> Street Address (P.O. Box Number is Not Acceptable) <i>1200 Brickell Ave.</i> <i>Ste 860</i> City <i>Miami</i> FL Zip Code <i>33131</i>
--	---

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ALBANO, DOMENICO		NAME	
STREET ADDRESS 540 BRICKELL KEY DR # 1213		STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 33131		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *[Signature]* Director Date: *1/30/06*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR