2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000046938

1. Entity Name TRIPLE A & K, INC.



FILED Mar 27, 2006 8:00 am Secretary of State 03-27-2006 90270 039 ***150.00

Principal Plac	e of Business	Mailing	Mailing Address										
21303 SW 1 MIAMI, FL 3		2130	21303 SW 147 AVE MIAMI, FL 33187								500	0573	6
2 Principal P	lace of Business	3 Maiti	no Addross										
s. mopar	iace of Dusiness	J. IVIGNI	3. Mailing Address						HELD EDIN DE				
Suite, Apt.	#, etc.	Suite	Suite, Apt. #, etc.				01132006		Chg-P		CR2E0	34 (11/05)	
City & Stat	e	City (City & State				4. FEI Numb		3				pplied For ot Applicable
Zip	Country	Zip	Zip Country				5. Certificate	e of St	atus Desir	ed		\$8.75 Ad Fee Require	
	6. Name and Address of Curren	t Registere	d Agent				7. Name and	d Add	ress of No	ew Regi	stered A	gent	
NATHAN, ANGELA G					Name								
21303 SW MIAMI, FL	147 AVE					Street Address (P.O. Box Number is Not Acceptable)							
				-	City							Zip Coo	10
					•						FL	1 '	
the obligat	named entity submits this statement to ions of registered agent.	for the purpo	ose of changing its re	gistere	d office or reg	gistere	ed agent, or bo	oth, in	the State	of Florida	a. Iam f	amiliar with	, and accept
SIGNATURE.	:												
SIGNATURE.	Signature, typed or printed name of registered ager	nt and title if appli	caple. (NOTE; R	legislered	Agent signature re	equired v	when reinstating)				DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550		Election Campaign Trust Fund Contrib		cing	\$5. 6	00 May Be d to Fees						
10.	OFFICERS AND	D DIRECTOR	DIRECTORS 11.				ADDITIONS	/CHA	NGES TO	OFFICE	R\$ AND	DIRECTOR	S IN 11
. TITLE	D Delete			THLE	I							☐ Change	Addition
NAME STREET ADDRESS	NATHAN, ANGELA G 21303 SW 147 AVE			NAME STREET	T ADDRESS								
CITY-ST-ZIP				CITY-S									
TITLE	D Delete 11			TITLE					•			☐ Changé	Addition
NAME STREET ADDRESS	NATHAN, ANTHONY A 21303 SW 147TH AVE			NAME									
CITY-ST-ZIP	MIAMI, FL 33187			CITY-S	T ADDRESS ST-ZIP								
TITLE			☐ Delete	TITLE					•			Change	Addition
NAME CIPCEL LODGESS				NAME	1								
STREET ADDRESS CITY-ST-ZIP				STREET	T ADORESS ST-7IP								
TITLE			☐ Delete	TITLE	· · ·							Change	☐ Addilion
NAME				NAME	1								_
STREET ADDRESS CITY-ST-ZIP				STREET CITY-S	T ADDRESS ST-7IP								
TITLE	<u> </u>		☐ Delete	TITLE	U. E.I.							☐ Change	Addition
NAME			L Color	NAME								Onengo	
STREET ADDRESS CITY+ST+ZIP					T ADDRESS								
TITLE			☐ Delete	CITY-S	31-4IF							Channa	☐ Addition
NAME			ETI DORG	NAMÉ								☐ Change	☐ Addition
STREET ADDRESS					T ADDRESS								
CITY-ST-ZIP				CITY-S	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 of the property of the exemptions of the corporation or the receiver or trustee empowered.

SIGNATURE: 0

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

003-ZI-06

Daytime Phone #