

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90300 042 \*\*\*158.75

**DOCUMENT # P01000103504**

1. Entity Name

A & A INVESTMENTS USA, INC.



Principal Place of Business

3122 TURTLE LANE  
ORLANDO FL 32837

Mailing Address

3122 TURTLE LANE  
ORLANDO FL 32837

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-3753449

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOHEILA, VEISSI  
3122 TURTLE LANE  
ORLANDO FL 32837

Name

RASOUL, HOSSEINI

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

3122 TURTLE LANE

City

ORLANDO

FL

Zip Code

32837

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

*Soheila Veissi* SOHEILA VEISSI, President

4-21-06

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**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	V/T	<input checked="" type="checkbox"/> Delete
NAME	RASDUL, HOSSEINI	
STREET ADDRESS	3122 TURTLE LANE	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	P/S	<input checked="" type="checkbox"/> Delete
NAME	SOHEILA, VEISSI	
STREET ADDRESS	3122 TURTLE LANE	
CITY-ST-ZIP	ORLANDO FL 32837	
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	P/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RASOUL, HOSSEINI	
STREET ADDRESS	3122 TURTLE LANE	
CITY-ST-ZIP	ORLANDO, FL, 32837	
TITLE	V/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>RASOUL</del> SOHEILA, VEISSI	
STREET ADDRESS	3122 TURTLE LANE	
CITY-ST-ZIP	ORLANDO, FL, 32837	
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 exemptions contained in Section 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:

*Soheila Veissi*

SOHEILA VEISSI 4.21.06 407-816-1213

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #