

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000118558

1. Entity Name
A & A PROPERTIES HOLDING COMPANY



Principal Place of Business

2475 BRICKELL AVE.
APT. NO 1510
MIAMI, FL 33129

Mailing Address

~~2475 BRICKELL AVE.~~
~~APT. NO 1510~~
~~MIAMI, FL 33129~~

2. Principal Place of Business

3. Mailing Address

7575 W. Flagler ST
Suite, Apt. #, etc. 204

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Miami FL

Zip

Country

Zip

Country

33144

USA

06302004

Chg-P

CR2E034 (10/03)

4. FEI Number
60-0499406

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

PASCHALIDES, ASTRID
2475 BRICKELL AVE.
APT. 1510
MIAMI, FL 33129

Name

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

City

FL

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 the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!! FEE IS \$550.00
Due by September 8, 2004

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
NAME PASCHALIDES, ASTRID ☐ Delete
STREET ADDRESS 2475 BRICKELL AVE., APT. 1510
CITY-ST-ZIP MIAMI, FL 33129

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME CARRASCO, ANA MARIA ☐ Delete
STREET ADDRESS 2475 BRICKELL AVE., APT. N #1510
CITY-ST-ZIP MIAMI, FL 33129

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ana M. Carrasco - D 8/1/04

Date

Daytime Phone #