2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2004 8:00 am Secretary of State

ANNOAL REPORT							Secretary of State				
DOCUMENT # P02000023470 1. Entity Name A1A PROPERTY MANAGEMENT & DEVELOPMENT, INC.							04-21-2004 90091 043 ***150.00				
Principal Pla	ace of Busines	is	N	failing Address			."				
160 N.W. 1 MIAMI, FL	76 SUITE 20 33168	2		160 N.W. 176 SUITE 2 MIAMI, FL 33168	202		•				
								1			
2. Principal	Place of Busin	IW 7M	No	Mailing Address 9	O/NW	7 ^m	me!				
Suite, Apt. #, etc.				Solie, Apr. #, etc.			03292004	Chg-P	CR2E034 (10/0	3)	
City & State MIAMI, FU				City & State MIAN	11,FL		04-3610705 Not Ap			Applied For Not Applicable	
33169 Country J.S.A.			7	33109 County St		7	5. Certificate of Status Desired See Required 7. Name and Address of New Registered Agent				
6. Name and Address of Current Registered Agent						Name Name					
PINEDA, JESSICA 460 N.W. 176 SUITE 202 MIAMI, FL 99160					Street	Address (P.O. Box Numb	er is Not Acceptabl	e)		-
AMAMI, FL 33160				- 100m	> /	15911 NW 7M AVE					
		L.	U	V	City		MIAM	;	FL Zip2	2110	
8. The above	e named entit	submits this statem	ent for the p	ourpose of changing its	registered office	or register	ed agent, or bo	th, in the State of Fk	orida. I am familiar wit	h, and accept	
-	ations of soist	leved agen.	•					4	4.1.14		
CSIGNATURE	Signal Re. 1958	or printed name of registered	d agent and title	il applicable. (NOT	E: Registered Agent sign	ature required	when reinstating)		DATE		
	-U			9. Election Campa	ian Financina	e c	00				
		FEE IS \$150.00 Fee will be \$5		Trust Fund Cont			.00 May Be ed to Fees				
10.		OFFICERS	AND DIREC	CTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTO	RS IN 11	
TITLE	D	15000		☐ Delete	TITLE	PZ	ESID	アンナ	Change		
NAME STREET ADDRESS	PINEDA, .		->	NAME STREET ADDRESS	PIN	PINEDA, JESSICA MARIE 5901 NW 7 DA AVENUE					
CITY-ST-ZIP	HOLLYWO	DOD, FL 38820+			CITY-ST-ZIP	150	101 NV	レフログ	VENUE	į	
TITLE		. •		☐ Delete	TITLE	1-112	444191		☐ Change	Addition	
NAME STREET ADDRESS		*			NAME STREET ADDRESS						
CITY-ST-ZIP					CITY-ST-ZIP						
TITLE				☐ Delete	TITLE				☐ Change	☐ Addition	
NAME STREET ADDRESS					NAME Street address						
CITY-ST-ZIP					CITY-ST-ZIP						
TITLE				Delete	TITLE				Change	Addition -	=
NAME STREET ADDRESS					NAME STREET ADDRESS						
CITY-ST-ZIP					CITY-ST-ZIP						
TITLE				☐ Delete	TITLE				☐ Change	☐ Addition	
NAME STREET ADDRESS]				NAME						
CITY-ST-ZIP		•			STREET ADDRESS CITY-ST-ZIP						
TITLE		,,		☐ Delete	TITLE				☐ Change	Addition	
NAME OTREET ADDRESS					NAME				-	1	
STREET ADDRESS CITY+ST-ZIP					STREET ADDRESS CITY-ST-ZIP						
12. I hereby o	ertify that the	information supplied	with this fili	ng does not qualify for	the exemption sta	ted in Sec	tion 119.07(3)(i)	, Florida Statutes. I	further certify that the	information	
of the corp	poration or the	or supplemental reg e te ceivez or trustee e	ort is true ar empowered	to execute this report a	iy signature shali i	nave the sa	ame legal eltect	as it made under o	ath; that I am an office	r or director 1	
спапged,	or on an attac	an addre	ess, with all	other like empowered.			111	01 00	110/110	1420	
SIGNAT	URE: _	MALE AND TYPED	OR PRINTED A	NAME OF SIGNING OFFICER C	OR DIRECTOR		4.1.6	PY, 78	WY100 Daylistid Phone #	UIU	