2004 UNIFORM BUSINESS REPORT (UBR) DOCUMENT# P02000048256 P02000048256 04 MAY 24 PH 5:59 001 A1A INC. TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business **001 A1A INC** SAME AS BUSINESS ADDRESS 2. Principal Place of Business 3. Mailing Address 4081 N FEDERAL HWY Suite, Apt #, etc. Suite, Apt. #, etc. 210-A City & State City & State 4. FEI Number Applied For POMPANO BEACH 47-0868197 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33064 Fee Required USA USA 7. Name and Address of Now Registered Agent 6. Name and Address of Current Registered Agent COELHO, PATRICIA M 4081 N FEDERAL HWY # 210 A Street Address (P 0 Box Number is Not Acceptable) POMPANO BEACH, FL 33064 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. 05/14/2004 Signature, typed or printed name of registered agent and tife if applicable. (NOTE: Registered Agent signature required when reinsipting) 9. Election Campaign Financing FILE NOW: \$5.00 may Be Make Check Payable to Trust Fund Contribution FEE IS \$61.25 Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS P/V/S/T ☐ Delete ☐ Change ☐ Addition TITLE TITLE PATRICA M. COELHO NAME NAME 4081 N:FEDERAL HWY STREET ADDRES STREET ADDRES POMPANO BEACH- FL 33064 CITY - ST - ZIP City - ST - ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP Change Addition ☐ Oelete TITLE NAME NAME STREET ADORES! STREET ADDRES CITY - ST - ZIP CITY - ST - ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY - 57 - ZIP Delete TITLE TITLE 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 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 cash; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as qualified by chapter 617, 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. - 05/14/2004 (786) 326-2359 SIGNATURE: \_ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ottachment 24016121

#\02000048256 Deerfield Beach, Florida May 14, 2004.

FLORIDA DEPARTMENT OF STATE REINSTATEMENT DEPARTMENT DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE - FL - 32314

To Whom It May Concern:

I would like to inform you that I have a Profit Corporation by the following name:

## 001 A1A INC. Doc. # P02000048256

And we have not receive the Annual Business Report 2003 due to the fact that we moved last year and even changing our address with the United States Postal Office. we did not received the Annual Business Report 2003 and 2004.

received a phone call Wе from our mentioning that we had not filed yet this form and needs to be filed as soon as possible with Florida Department of State, Division of Corporations with a check amount of \$ 300,00 for both years.

Please accept our consideration with the update form, and wave the penalty once was not our intention to be late and just now we received this form by mail and always we are on time with the State of Florida, Division of Corporations, and Department of taxes, which we honor and respect the laws and statues.

Please find enclosed a check amount of \$ 300,00 to pay the Annual Business Report 2003 and 2004.

Once again thank you for your consideration and concern on this matter and if you have any question do not hesitate to contact us.

Sincerely, 

001 A1A INC.

PATRICIA M COELHO- PRESIDENT