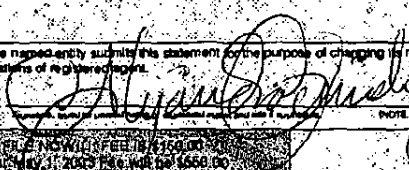
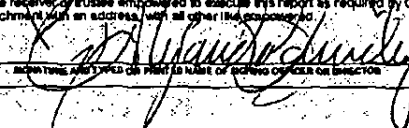


FILED
Aug 07, 2003 8:00 am
Secretary of State

07-09-2003 90043 027 ***150.00

08-07-2003 90119 028 ***400.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000069422			
1. Entity Name A & A COLOR, INC.			
Principal Place of Business 16272 SW 83 ST MIAMI, FL 33193		Mailing Address 16272 SW 83 ST MIAMI, FL 33193	
2. Principal Place of Business 2400 W 78 ST Suite, Apt. #, etc.		3. Mailing Address 2400 W 78 ST Suite, Apt. #, etc.	
City & State HALEAH, FL		City & State HALEAH, FL	
Zip 33016		Zip 33016	
Country USA		Country USA	
4. FEI Number 01-0925547		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BERMUDEZ, ALEJANDRO 16272 SW 83 ST MIAMI, FL 33193		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above registered 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 		DATE 8/1/03	
FILING FEE: \$150.00 ANNUAL FEE: \$1,000.00 TOTAL: \$1,150.00 Check to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fee	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature has 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 the corporation.			
SIGNATURE 		DATE 07/03/03	