2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED											
Mar 18, 2008 8:00 am											
Secretary of State											

DOCUMENT # P02000100495 1. Entity Name A & A ENTERPRISES & INVESTMENTS, INC.									03-18-20	008 90015 (0.00	
Principal Place of Business 3991 N.W. 41ST STREET LAUDERDALE LAKES, FL 33309				Mailing Address 3991 NW 41ST ST FORT LAUDERDALE, FL 33309				40048020					
2. Principal Place of Business - No P.O. Box #				3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				01252008	Chg-P	CR2E	34 (12/06)		
City & State				City & State				4. FEI Numi 25-19			 	plied For t Applicable	
Zip	Country			Zip Count			5. Certificate of Status Desired S8.75 Additional Fee Required					itional 1	
6. Name and Address of Current Ro				egistered Agent			7. Name and Address of New Registered Agent Name						
ABDELROHIM, NASSER 2909 CRISWOOD TERR MARGATE, FL 33063						Street A	ddress (I	P.O. Box Num	ber is Not Accept	table)			
						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 reinstating) DATE													
			and me	9. Election Campaig				00 May Be		DATE			
		FEE IS \$150.00 B Fee will be \$550.	00	Trust Fund Contri	•			ed to Fees					
10.		OFFICERS AND	DIRE		11.			ADDITIONS	S/CHANGES TO	OFFICERS AND			
TITLE NAME	P Delete TITLE										Change	Addition	
STREET ADDRESS CITY-ST-ZIP	3192 FESTIVAL DR.					et address • St- Zip							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	8559 HUN	ADER, ADIB NTER DR,. MA, CA 91701		☐ Delete			V 3000 2 12	LYADER.	Axib Street # FL 331	F 1534	€ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ABDELRA 2909 CRI	AHIM, NASSER SWOOD TERRACE E, FL 33063		☐ Delete	TITLE NAM! STRE	:	5 450 512	ELLAM N	n, NASSEA, n	<u>L</u>	⊠ Change	Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			_	☐ Delete							Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP				□ Delete	CITY	e Et a ddress - St- Zip					☐ Change	☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 03/14/08 David D													