2004 FOR PROFIT CORPORATION

FILED Jul 09, 2004 8:00 am **Secretary of State**

07-09-2004 90011 029 ***150.00

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ANNUAL REPORT **DOCUMENT # P02000106889**

1. Entity Name THE FIRST A CORP. Principal Place of Business Mailing Address 3925 194TH LANE 3925 194TH LANE MIAMI BEACH, FL 33140 MIAMI BEACH, FL 33140 2. Principal Place of Business 3925 194 th Jane Mailing Address 194th Suite, Apt. #, etc. Suite, Apt. #, etc. 07022004 CR2E034 (10/03) Cha-P City & State City & State 4. FEI Number Applied For Miami 48-1279591 Not Applicable MAMI Country USA \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7.-Name and Address of New Registered Agent ROUSSO, MARK É ESQ. 3440 HOLLYWOOD BLVD. **SUITE 360** HOLLYWOOD, FL(33021) ourpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar the obligations of registered age KOUSSO MARK E. 659 SIGNATURE (NOTE: Registered Agent signature required when reinstating) and the if applicable 9. Election Campaign Financing FILÉ NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the - Added to Fees Trust Fund Contribution. corporation did not receive the prior notice. Due by September 8, 2004 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PTD TITLE TITLE Change : Addition Bentlamy, Clava B 3925 1944, Lane BENHAMU, CLARA B NAME NAME STREET ADDRESS 3925 194TH LANE STREET ADDRESS MIAMIBEACH, FL 33140 Beach FL 33160 CITY-ST-7IP CITY-ST-ZIP MiAMI VS0 ☐ Delet TITLE TITLE Change Addition Benzazon Yannick 3925 194th Lane BENZAZON, YANNICI HAME 3925 194TH LANE STREET ADDRESS STREET ADDRESS MIAMI BEACH, FL 33140 CITY-ST-ZIP CITY-ST-7IP MIAMI BEACH FL 33≀*6*0 TITLE _ _ Delete FITLE - Change ☐ Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE ☐ Delete THE ____Change ☐ Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete 9946 Change ☐ Addition IAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 supplie pental 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 supplied 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 of the composition of the corporation of SIGNATURE: