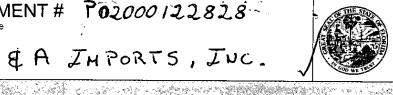
FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Po2000122828-DOCUMENT #

A & A IMPORTS, INC.



Apr 07, 2003 8:00 am Secretary of State

04-07-2003 90969 026 ***158.75

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2. Principal Place of Business 3. Mailing Address HARDING AVE 7810 HARDING Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number <u>54-7.08</u> 3462 AM \$8.75 Additional 5. Certificate of Status Desired Fee Required

> DO NOT WRITE IN THIS SPACE

7Name and Address of Current Registered Agent									
Name									
Street Address (P.O. Box Number is Not Accept									
	. 7								
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

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Applied For

Not Applicable

Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE ALFREDO AIETA / PRESIDENT NAME NAME 7810 HARDING AVE - APT 6 STREET ADDRESS STREET ADDRESS M. Ami Beach, FL 33141 CITY-ST-7IP CITY-ST-ZIP RAQUEL AIETA / VILE PRESIDENT TITLE TITLE 7810 HARDING AVE -- APT 6 NAME STREET ADDRESS STREET ADDRESS Miami Beach, FL 33141 CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIE CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 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 on an attachment with an address, with all other like empowere

SIGNATURE:

SIGNATURE AND TY

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