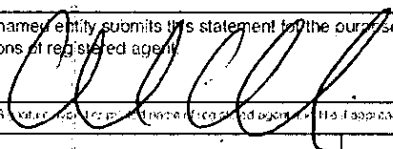
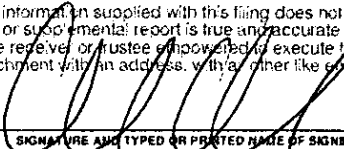


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 10, 2004 8:00 am
Secretary of State

09-10-2004 90008 005 ***150.00

DOCUMENT # P03000027401 1. Entity Name A & A CLOSETS, INC.			
Principal Place of Business 6636 S.W. 130TH PLACE #1302 MIAMI, FL 33183		Mailing Address 6636 S.W. 130TH PLACE #1302 MIAMI, FL 33183	
2. Principal Place of Business 1437 S.W. 154th Court		3. Mailing Address 1437 S.W. 154th Court	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Miami Florida		City & State Miami, FL	
Zip 33194		Zip 33194	
Country USA		Country USA	
4. FFI Number 43-166424		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ODELIN-RINCON, ALICIA 6636 S.W. 130TH PLACE #1302 MIAMI, FL 33183		7. Name and Address of New Registered Agent Alicia Odelin-Rincon 1437 S.W. 154th Court City Miami FL 33194	
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 		DATE 9/8/04	
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD RINCON, ISRAEL 6636 S.W. 130TH PLACE #1302 MIAMI, FL 33183	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition 1437 S.W. 154th Court Miami, FL 33194
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VSD ODELIN-RINCON, ALICIA 6636 S.W. 130TH PLACE #1302 MIAMI, FL 33183	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☒ Change ☐ Addition 1437 S.W. 154th Court Miami, FL 33194
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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 Block 11 if changed, or on an attachment with an address, with a, other like empowered.			
SIGNATURE: 		DATE 9/8/04 305480-1300	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			