

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90020 027 ***150.00

DOCUMENT # P03000035919

1. Entity Name
10 A, INC.



Principal Place of Business
9921 SW 162 CT
MIAMI, FL 33196

Mailing Address
9921 SW 162 CT
MIAMI, FL 33196

DO NOT WRITE IN THIS SPACE



01252006 No Chg-P CR2E034 (11/05)

4. FEI Number
11-3683455

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LIZARAZO, AUGUSTO
16376 SW 97TH TERRACE
MIAMI, FL 33196

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IN THIS SPACE**

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME LIZARAZO, AUGUSTO
STREET ADDRESS 16376 SW 197 TERRACE
CITY-ST-ZIP MIAMI, FL 33196

TITLE T
NAME LIZARAZO, SERGIO
STREET ADDRESS 16376 SW 197 TERRACE
CITY-ST-ZIP MIAMI, FL 33196

TITLE S
NAME LIZARAZO, AUGUSTO L
STREET ADDRESS 16376 SW 197 TERRACE
CITY-ST-ZIP MIAMI, FL 33176

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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IN THIS SPACE**

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

01-25-06

Date

Daytime Phone #