

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 31, 2008 08:00 AM
Secretary of State

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



01202008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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, 2008 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

U000000809372
02/08/08-80020-003 150.00

**DO NOT WRITE
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

01-28-08

Date

Daytime Phone #