2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000056124

1. Entity Name
A-1-A ENTERPRISES, INC.

Principal Place of Business	Mailing Address
1200 CUTOFF ROAD STUART, FL 34994	1200 CUTOFF ROAD STUART, FL 34994

DO NOT WRITE IN THIS SPACE

01202006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
56-2440367	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JULIANO, SALVATORE JR.
1200 CUTOFF ROAD
STUART, FL 34994

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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.
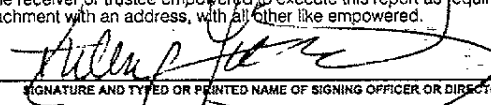
SIGNATURE_____

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	U00000441942 03/03/06-80055-017 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	JULIANO, SALVATORE JR.
STREET ADDRESS	1200 CUTOFF ROAD
CITY-ST-ZIP	STUART, FL 34994
TITLE	SD
NAME	FERNANDEZ, HELEN
STREET ADDRESS	1200 CUTOFF ROAD
CITY-ST-ZIP	STUART, FL 34994
TITLE	VD
NAME	JULIANO, LISA
STREET ADDRESS	1200 CUTOFF ROAD
CITY-ST-ZIP	STUART, FL 34994
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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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: _____   2/15/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #