


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000120664

1. Entity Name
A&P PARTNERSHIP, CORP.



Principal Place of Business Mailing Address

**10847 SW 188 ST
 MIAMI, FL 33157** **10847 SW 188 ST
 MIAMI, FL 33157**

DO NOT WRITE IN THIS SPACE



02062006 No Chg-P CRZE034 (11/05)

4. FEI Number Applied For
20-0341763 Not Applicable

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

6. Name and Address of Current Registered Agent

**OVIES, EDUARDO E
 2307 DOUGLAS ROAD
 SUITE #400
 MIAMI, FL 33145**

DO NOT WRITE 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 _____ (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	TINOCO, ANGEL D
STREET ADDRESS	10847 SW 188 ST
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	VS
NAME	TINOCO, PAULA
STREET ADDRESS	10847 SW 188 ST
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	D
NAME	TINOCO, MILTON S
STREET ADDRESS	10847 SW 188 ST
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

000000470857
 03/28/06-80030-018 150.00

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 affidavit with all other like empowered.

SIGNATURE:  **3-15-06**

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