


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90229 044 \*\*\*150.00

<b>DOCUMENT # P03000131588</b>	
1. Entity Name <b>A.I.P. MARKETING &amp; CONSULTING, INC.</b>	

Principal Place of Business <b>1723 SW 131 PLACE CIRCLE S MIAMI FL 33175 US</b>	Mailing Address <b>PO BOX 227056 MIAMI FL 33122 US</b>
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1st MOORE CR2E034 (10/05)

2. Principal Place of Business <b>12725 SW 69 TER</b>	3. Mailing Address <b>PO BOX 227056</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>MIAMI FL</b>	City & State
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Zip <b>33183</b>	Country <b>DADE</b>	Zip	Country
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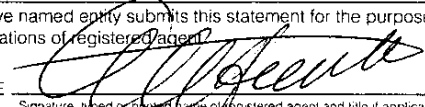
4. FEI Number <b>05-0591081</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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<b>IZQUIERDO, ALEJANDRO E</b> <b>1723 SW 131 PLACE CIRCLE S</b> <b>MIAMI FL 33175</b>	Name <b>IZQUIERDO, ALEJANDRO E.</b>
	Street Address (P.O. Box Number is Not Acceptable) <b>12725 SW 69 TER</b>
	City <b>MIAMI</b>
	State <b>FL</b>

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 **4/7/06**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)

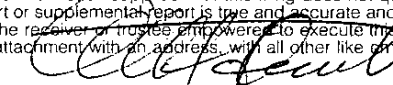
**FILE NOW!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to: Florida Department of State**

9. Election Campaign Financing **\$5.00** May Be  
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  DATE **4/7/06** DAYTIME PHONE # **(305) 383-5533**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR