

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P04000014259

1. Entity Name  
A & A FONTE, INC.



Principal Place of Business  
12963 W OKEECHOBEE RD  
STE #8  
HIALEAH, FL 33018

Mailing Address  
12963 W OKEECHOBEE RD  
STE #8  
HIALEAH, FL 33018



02152007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
76-0750728

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SOMEILLAN, JULIO C  
9225 COLLINS AVENUE  
PH-E  
SURFSIDE, FL 33154

**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 \_\_\_\_\_

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, 2007 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 FONTE, ANDRES  
STREET ADDRESS 12963 W OKEECHOBEE RD STE 8  
CITY-ST-ZIP HIALEAH, FL 33018

TITLE VT  
NAME FONTE, ANDRES C  
STREET ADDRESS 12963 W OKEECHOBEE RD STE 8  
CITY-ST-ZIP HIALEAH, FL 33018

TITLE S  
NAME PARMER, RON  
STREET ADDRESS 9231 S. CYPRESS CIRCLE  
CITY-ST-ZIP MIRAMAR, FL 33025

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000720510  
05/01/07-80108-011 158.75

**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: **ANDRES FONTE / PRESIDENT**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/13/07  
Date

305-512-4739  
Daytime Phone #