

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000014259

FILED  
Mar 27, 2008  
Secretary of State

Entity Name: A & A FONTE, INC.

## Current Principal Place of Business:

12963 W OKEECHOBEE RD  
STE #8  
HIALEAH, FL 33018

## New Principal Place of Business:

## Current Mailing Address:

12963 W OKEECHOBEE RD  
STE #8  
HIALEAH, FL 33018

## New Mailing Address:

FEI Number: 76-0750728      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

FONTE, ANDRES  
12963 W OKEECHOBEE RD  
STE # 8  
HIALEAH GARDENS, FL 33018 US

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.

SIGNATURE: ANDRES FONTE

03/27/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: FONTE, ANDRES  
Address: 12963 W OKEECHOBEE RD STE 8  
City-St-Zip: HIALEAH, FL 33018

Title: VT ( ) Delete  
Name: FONTE, ANDRES C  
Address: 12963 W OKEECHOBEE RD STE 8  
City-St-Zip: HIALEAH, FL 33018

Title: S ( ) Delete  
Name: PARMER, RON  
Address: 9231 S. CYPRESS CIRCLE  
City-St-Zip: MIRAMAR, FL 33025

Title: S ( ) Delete  
Name: CHAN, JOE  
Address: 12000 SW 92ND STREET  
City-St-Zip: MIAMI, FL 33186

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDRES FONTE

P

03/27/2008

Electronic Signature of Signing Officer or Director

Date