2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2009
Secretary of State

DOCUMENT# P04000014259

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:

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

Name and Address of New Registered Agent:

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: _____

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 03/17/2009

Electronic Signature of Signing Officer or Director — Date