

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 18, 2007 8:00 am**  
**Secretary of State**

06-18-2007 90003 026 \*\*\*150.00

<b>DOCUMENT # P04000060039</b> 1. Entity Name <b>A &amp; A FLOOR INSTALLATION, INC.</b>																											
Principal Place of Business <b>1804 SW 16 AVE MIAMI, FL 33145</b>		Mailing Address <b>1804 SW 16 AVE MIAMI, FL 33145</b>																									
2. Principal Place of Business - No P.O. Box # <b>309 East 17 st</b>		3. Mailing Address <b>309 East 17 st.</b>																									
Suite, Apt. #, etc. <b>Y</b>		Suite, Apt. #, etc. <b></b>																									
City & State <b>Hialeah, FL</b>		City & State <b>FL - Hialeah</b>																									
Zip <b>33010</b>		Zip <b>33010</b>																									
Country <b></b>		Country <b></b>																									
6. Name and Address of Current Registered Agent  <b>NIEVAS, DIEGO 1804 SW 16 AVE MIAMI, FL 33145</b>		7. Name and Address of New Registered Agent Name <b>Diego Nuevas</b> Street Address (P.O. Box Number is Not Acceptable) <b>309 East 17 st.</b> City <b>Hialeah</b> FL Zip Code <b>33010</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:  <b>Diego Nuevas</b> DATE: <b>06/01/07</b> <small>Signature, typed or printed name of registered agent, if applicable. NOTE: Registered Agent signature required when reinstating.</small>																											
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 80%;">DP</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>NIEVAS, DIEGO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1804 SW 16 AVE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>MIAMI, FL 33145</td> <td></td> </tr> </table>		TITLE	DP	<input type="checkbox"/> Delete	NAME	NIEVAS, DIEGO		STREET ADDRESS	1804 SW 16 AVE		CITY - ST - ZIP	MIAMI, FL 33145		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 80%;">309 East 17 st.</td> <td style="width: 10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Hialeah FL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>33010</td> <td></td> </tr> </table>		TITLE	309 East 17 st.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Hialeah FL		STREET ADDRESS			CITY - ST - ZIP	33010	
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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.																											
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