


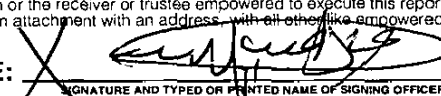
**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 18, 2005 8:00 am**  
**Secretary of State**

08-18-2005 90004 012 \*\*\*158.75

**50062310**



DOCUMENT # P04000063419			
1. Entity Name A PLUS A INC.			
Principal Place of Business 10013 WINDING LAKE ROAD #207 SUNRISE, FL 33351		Mailing Address 10013 WINDING LAKE ROAD #207 SUNRISE, FL 33351	
2. Principal Place of Business 22212 Boca Rancho Drive Apt C		3. Mailing Address Apt C	
Suite, Apt. #, etc. Apt C		Suite, Apt. #, etc.	
City & State Boca Raton FL		City & State	
Zip 33428-4316		Country	
4. FEI Number 90-0241086		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired XXXXXX		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ABDALA, ABDEL 10013 WINDING LAKE ROAD #207 SUNRISE, FL 33351		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABDALA, ABDEL	NAME	
STREET ADDRESS	10013 WINDING LAKE ROAD #207	STREET ADDRESS	
CITY-ST-ZIP	SUNRISE, FL 33351	CITY-ST-ZIP	
TITLE	V	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMIRA, ABDEL	NAME	
STREET ADDRESS	10013 WINDING LAKE ROAD #207	STREET ADDRESS	
CITY-ST-ZIP	SUNRISE, FL 33351	CITY-ST-ZIP	
TITLE	TS	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABDALA, ABDEL	NAME	
STREET ADDRESS	10013 WINDING LAKE ROAD #207	STREET ADDRESS	
CITY-ST-ZIP	SUNRISE, FL 33351	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 8/10/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone: #	