## 2006 FOR PROFIT CORPORATION

٠. 🖈

## **FILED** Mar 22, 2006 08:00 Al **ANNUAL REPORT** Secretary of State DOCUMENT # P04000093141 1. Entity Name A-1 INTERNATIONAL POTTERY INC. Principal Place of Business Mailing Address 724 SW 27 AVE 724 SW 27 AVE MIAMI, FL 33135 MIAMI, FL 33135 03072006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1266105 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE BAROUKH, ISHAG 8650 SW 154 CIRCLE PLACE MIAMI, FL 33193 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, typed or printed name of registered agent and life it applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 U00000477402 Trust Fund Contribution. Added to Fees 04/06/06-80049-021 150.00 10. OFFICERS AND DIRECTORS TITLE BAROUKH, ISHAG NAME 8650 SW 154 CIRCLE PLACE STREET ADDRESS MIAMI, FL 33193 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE MARKE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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:

NAME STREET ADDRESS CITY-ST-ZIP

AND TYPED OR PRINTED NAME OF SIGNING OFFICE

Daytime Phone #