

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000119735

1. Entity Name

AYA PROFESSIONAL SALES INC.



Principal Place of Business

15545 SW 23 LANE
MIAMI, FL 33185

Mailing Address

15545 SW 23 LANE
MIAMI, FL 33185

FILED
Jul 11, 2008 08:00 AM
Secretary of State



07082008 No Chg-P CR2E034 (11/05)

4. FEI Number

20-1517675

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PINEIRO, YARITZA M
15545 SW 23 LANE
MIAMI, FL 33185

**DO NOT WRITE
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

U000000954335
07/11/08-80009-009 150.00

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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

TITLE	PS
NAME	PINEIRO, YARITZA M
STREET ADDRESS	15545 SW 23RD LANE
CITY-ST-ZIP	MIAMI, FL 33185
TITLE	V
NAME	SAYAGO, MARIA A
STREET ADDRESS	15545 SW 23RD LANE
CITY-ST-ZIP	MIAMI, FL 33185
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Yaritza M. Pineiro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/08/08 786-845-0065

Date

Daytime Phone #