
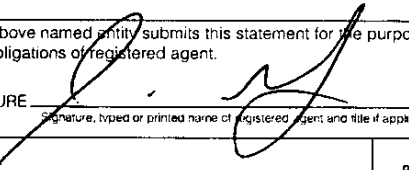
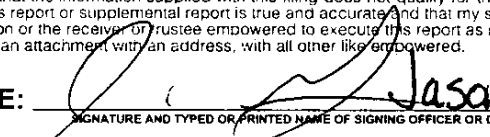


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90035 009 ***150.00

DOCUMENT # P05000004643 1. Entity Name A-OTAY, INC.					
Principal Place of Business 103 N. ATLANTIC AVENUE COCOA BEACH, FL 32931			Mailing Address 103 N. ATLANTIC AVENUE COCOA BEACH, FL 32931		
2. Principal Place of Business - No P.O. Box # 257 N. Orlando Ave.			3. Mailing Address 257 N. Orlando Ave.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Cocoa Beach, FL		City & State Cocoa Beach, FL		4. FEI Number APPLIED FOR	
Zip 32931		Country Brevard		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GORDON, JASON M ESQ. 103 N. ATLANTIC AVE. COCOA BEACH, FL 32931				7. Name and Address of New Registered Agent Name Gordon, Jason M Street Address (P.O. Box Number is Not Acceptable) 257 N. Orlando Ave. City Cocoa Beach FL 32931	
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  Jason M Gordon 04/01/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COHEN, JACK 2340 86TH ST. BROOKLYN, NY 11214	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GORDON, JASON M 103 N. ATLANTIC AVE. COCOA BEACH, FL 32931	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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:  Jason M Gordon 04/01/2008 799-4777 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40059694



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