2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000008043

1344 EUCLID AVENUE #1

MIAMI BEACH, FL 33139

1344 EUCLID AVENUE #1

MIAMI BEACH, FL 33139

VAUGHAN, DAVID

() Delete

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

FILED Mar 16, 2009 Secretary of State

Entity Na	me: A-1 TECH	SUPPC	DRT, INC.				
Current Principal Place of Business:				New Principal Place of Business:			
1344 EUC	LID AVENUE						
1 MIAMI BEA	ACH, FL 33139						
Current Mailing Address:				New Mailing Address:			
PO BOX 1 MIAMI BEA	92206 ACH, FL 33119						
FEI Number:		FEI Nur	mber Applied For()	FEI Number Not Applicable (X)		Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
2946 BIRE COCONU The above in the State	T GROVE, FL 3 named entity s e of Florida.		US his statement for the po	urpose of changing i	ts registe	red office or registered agent, or bot	:h,
SIGNATUI		c Signat	ture of Registered Age	nt		 Date	_
Election Car		Ū	nd Contribution ().			Buo	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	P () VAUGHAN, DAVI 1344 EUCLID AV MIAMI BEACH, F	/ENUE #1		Title: Name: Address: City-St-Zip:	P Vaughai Po Box Miami Be	*	
Title: Name: Address: City-St-Zip:	VP () VAUGHAN, DAVI 1344 EUCLID AV MIAMI BEACH, F	/ENUE #1		Title: Name: Address: City-St-Zip:	VP WILLIAM PO BOX MIAMI BE		
Title: Name:	T () VAUGHAN, DAVI	Delete D		Title: Name:	T VAUGHAI	(X) Change()Addition N. DAVID	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above or an an enterphase with an eddress with all other like empowered. above, or on an attachment with an address, with all other like empowered.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

PO BOX 192206

WILLIAMS, LÌSA

PO BOX 192206

MIAMI BEACH, FL 33119

MIAMI BEACH, FL 33119

(X) Change () Addition

SIGNATURE: LISA WILLIAMS VΡ 03/16/2009