## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 22, 2006 8:00 am Secretary of State

DOCUMENT # P05000049507  1. Entity Name A&A OF SOUTH ENTERPRISE, INC.						905-22-2006	049 002 ***550.0	00
Principal Place of Business 730 81 STREET		Mailing Address 730 81 STREET 4		-	7			
MIAMI BEACH, FL 33141 US		MIAMI BEACH, FL 33141 US			NEN FIMI BRIN BRIN BRIN	DAIM BIDIA KUM BIMI DAM UU.	1881 II 4881	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03092006	Chg-P	CR2E034 (11/05)	
City & State		City & State			4. FEI Number 56 - 2	508093	Ap No	plied For t Applicable
Zip	Country	Zip				Status Desired	S8.75 Add Fee Required	
6. Name and Address of Current Registered Agent			Name	7. Name and A	ddress of New Re	gistered Agent		
MARR, ALVARO				Name				
730 81 STREET 4				Street Address (P.O. Box Number is Not Acceptable)				
MIAMI BEACH, FL 33141				- <u></u>				
				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 Signature, typod or printed name of registered agont and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
FILE NOWILL FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees							,	
10. OFFICERS AND DIRECTORS 11.				ADDITIONS/C	HANGES TO OFFI	CERS AND DIRECTORS	S∤N 11	
TITLE	P Delete TITL			-			Change	☐ Addition
NAME CYPRET APPRECE	MARR, ALVARO DDRESS 730 81 STREET, APT. 4			ME LEET ADDRESS				
STREET ADDRESS CITY-ST-ZIP				Y-ST-ZIP				
TITLE	Delete IIII.			LE			☐ Change	Addition
NAME	NAM NAM			ľ				
STREET ADDRESS				REET ADDRESS				
CITY-ST-ZIP			CIT	Y-ST-ZIP				
TITLE		☐ Delete	ITIT NAN				☐ Change	Addition
NAME STREET ADDRESS				REET ADDRESS				
CITY-ST-ZIP				Y-ST-ZIP				
TITLE		☐ Delete	Titl	LE			☐ Change	Addition
NAME			NAI					
STREET ADDRESS CITY-ST-ZIP				REET ADORESS Y-ST-ZIP				
TITLE		☐ Delete	TIT	LE			☐ Change	Addition
NAME			RAI	ME				
STREET ADDRESS				REET ADDRESS				
CITY-ST-ZIP		П-		Y-ST-ZIP				- Address
TITLE NAME		☐ Delete	TIT NAI	1			☐ Change	Addition
STREET ADDRESS				REET ADDRESS				
CITY-ST-ZIP			CIT	Y-ST-ZIP				
12. I hereby	certify that the information supplied v	vith this filing does not qua	alify for the e	xemptions contains	ed in Chapter 119,	Florida Statutes. I	further certify that the	nformation

12. Thereby certify that the information supplied with this filling does not quality 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 ell-other like empowered.

SIGNATURE: ATTOM

ALVARO F MARR
SIGNATURE AND TYPEODER PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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(305) 244-6270

Daytime Prione #