

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000073592

1. Entity Name
A & E BLUEPRINTS, INC.



Principal Place of Business

**4201 PALM AVENUE
HIALEAH, FL 33012**

Mailing Address

**P.O BOX 138598
HIALEAH, FL 33013**



05162008 No Chg-P CR2E034 (11/05)

4. FEI Number
05-0622565

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

**TRUJILLO, ALEX
6871 WEST 2ND LANE
HIALEAH, FL 33014**

**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 reinstating)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
TRUJILLO, ALEX
6871 WEST 2ND LANE
HIALEAH, FL 33014**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ESPINOSA, DARLYN
7336 STARDUST DRIVE
MIAMI, FL 33015**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
TRUJILLO, ESPERANZA
6871 WEST 2ND LANE
HIALEAH, FL 33014**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000951731
06/04/08-80048-008 150.00

**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:

Darlyn Espinosa
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/16/08
Date

786-399-1111
Daytime Phone #