## À.

## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jun 18, 2007 8:00 am Secretary of State

DOCUMENT # P06000029228  1. Entity Name A & A CONSTRUCTION CONSULTING, INC.						05-11-2007	<sup>7</sup> 90034 027 *	**150.00
Principal Plac	e of Business	· · · · · · · · · · · · · · · · · · ·	1					
1172 S. DIXIE HWY., #430 CORAL GABLES, FL 33146		Mailing Address 1172 S. DIXIE HWY., #430 CORAL GABLES, FL 33146		6601	9317	a Stilling beine bereine beden eine		
Principal Place of Business - No P.O. Box #     Mailing Address				·				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03262007	Chg-P	CR2E034 (12/	06)	
City & State		City & State		4. FEI Number	56-257	9285	Applied For Not Applicable	
Zip	Country	Zip Count		try	5. Certificate of	f Status Desired	□ \$8.75 Fee Req	Additional uired
	6. Name and Address of Current	News	7. Name and /	Address of New Re	gistered Agent			
ANGULO.	ANA M	Name Dany						
1172 S. DIXIE HWY #430				Street Agdress (P.O. Box Number is Not Acceptable)				
-CORAL-G/	ABLES, FL 33146	77	<u> </u>	UNICT	- 1JV. #	,100		
/				05 (44		·	·	
1,				City Miumi FL Zip2006/43				
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.								
the obligations of registered agent//								
SIGNATURE Signature, hyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent algoriture required when reimstating)  OATE								
Signature, types of printed name of regressed agent and title if applicable. (NOTE: Registered Agent stignature required when reinstating)  DATE								
FILE NOWILL FEE IS \$150.00  After May 1, 2007 Fee will be \$560.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees								
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFFIC	CERS AND DIRECT	ORS IN 11
TITLE NAME	D ANGULO, CARLOS D	☐ Delete	វេយ			_	☐ Chan	ge 🔲 Addition
STREET ADDRESS	1172 S. DIXIE HWY., #430		NAM! Stre	E Et adoress				
City-\$1-ZIP	CORAL GABLES, FL 33146			-S1-ZIP				
TITLE	Augus KATHY	C) Octob	TITLE				☐ Chan	pe Addition
NAME	AUGOLO KATHY Deede THU  1172 S. DI KRIC HWY # 430  CORAL GABLES FL 33146  CITY							
STREET ACORESS CITY-ST-ZIP	CORAL GABUS FL 33/46 cm			ET ADDRESS - ST- ZIP				
FITLE	<u> </u>	☐ Delete	TITLE	<del></del>			☐ Chan	pe Addition
NAME		L Dane	NAME	1			Ц Сиви	ks 🗆 voosion
STREET ADDRESS				ET ADORESS				
City-St-ZDP				-S1-2P				
TITLE Name		☐ Delete	TITLE	·			☐ Chan	ge 🔲 Addition
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			спу	ST-ZIP				
MIE		☐ Delete	TITLE	i i			Chang	e 🔲 Addition
KAME Street address			NAM!	ET ADORESS				
CITY-ST-ZIP				-ST-ZIP				,
TITLE		☐ Delete	TITLE				☐ Chanc	e 🔲 Addition
NAME			NAME					
STREET ADDRESS				ET ADORESS				
CITY-ST-ZP		et to Ellina de la companya de la co		SI-DP				
12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, Florida Statutes. Flurther certify that the information indicated on this report go supplied expental 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 of 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.								