

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P06000083954

1. Entity Name

A & A PLUS THREE, INC.



FILED

2007 SEP 18 AM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

18224 43RD RD N
LOXAHATCHEE FL 33470-1821

Mailing Address

18224 43RD RD N
LOXAHATCHEE FL 33470-1821

2. Principal Place of Business - No P.O. Box #

201 N. US HWY 1

Suite, Apt. #, etc.

C5B

3. Mailing Address

201 N. US HWY 1

Suite, Apt. #, etc.

C5B

2nd MOORE

CR2E034 (4/07)

City & State

Jupiter, FL

City & State

Jupiter FL

4. FEI Number

6080136696960

Applied For

Not Applicable

Zip

33477

Country

Palm Beach

Zip

33477

Country

Palm Beach

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BALRAM, ANIL
18224 43RD RD N
LOXAHATCHEE FL 33470-1821

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Anil Balram

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

9/11/07

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 5, 2007

Make Check Payable to Florida Department of State

S. 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PTD ☐ Delete
NAME BALRAM, ANIL
STREET ADDRESS 18224 43RD RD N
CITY-ST-ZIP LOXAHATCHEE FL 33470-1821

TITLE VSD ☐ Delete
NAME BALRAM, ANA I
STREET ADDRESS 18224 43RD RD N
CITY-ST-ZIP LOXAHATCHEE FL 33470-1821

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 9503 Minorca Way #305
CITY-ST-ZIP Palm Beach Gardens, FL 33418

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 9503 Minorca Way #305
CITY-ST-ZIP Palm Beach Gardens, FL 33418

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
900109570349
09/18/07--01024--015 **\$50.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Anil Balram

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/11/07

Date

Daytime Phone #

9/11/07