...2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED ANNUAL REPORT Jan 07, 2008 08:00 AN Secretary of State **DOCUMENT # P06000154292** A & A RIGGING AND TRANSFER CORP. Principal Place of Business Mailing Address 620 W 72 PL 620 W 72 PL HIALEAH, FL 33014 HIALEAH, FL 33014 01022008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 11-3799191 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DE LA PAZ, AL DO NOT WRITE 620 W 72 PL HIALEAH, FL 33014 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 regulared when reinstating) DATE U00000775086 01/08/08-80016-806 158.75 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be \Box After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS **DPVS** NAME DE LA PAZ, AL STREET ADDRESS 620 W 72 PL CITY-ST-ZIP HIALEAH, FL 33014 DE LA PAZ, AL STREET ADDRESS 620 W 72 PL CITY-ST-ZIP HIALEAH, FL 33014 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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:

STREET ADDRESS CITY-ST-ZIP

BIGNATURE AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR

1/3/08

305-185-3831

Daytime Phone