

# **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P06000155129

**FILED**  
**Aug 12, 2007**  
**Secretary of State**

**Entity Name:** A + AFFORDABLE QUALITY PUMPING, INC

**Current Principal Place of Business:**

10425 SW 112 AVE  
309  
MIAMI, FL 33176

**New Principal Place of Business:**

28550 SW 172 AVE  
HOMESTEAD, FL 33030

**Current Mailing Address:**

PO BOX 900190  
HOMESTEAD, FL 33090

**New Mailing Address:**

**FEI Number:** 76-0845462      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PRADA, JUVEISA MISS  
PO BOX 900190  
HOMESTEAD, FL 33090      US

**Name and Address of New Registered Agent:**

NAITE, VIRGEN M  
28550 SW 172 AVE  
HOMESTEAD, FL 33030      US

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.

SIGNATURE: VIRGEN M NAITE

08/12/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: PRADA, JUVEISA  
Address: 10425 SW 112 AVE #309  
City-St-Zip: MIAMI, FL 33176

Title: VP ( ) Delete  
Name: NAITE, VIRGEN M  
Address: 28550 SW 172 AVE  
City-St-Zip: HOMESTEAD, FL 33030

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: NAITE, VIRGEN M  
Address: 28550 SW 172 AVE  
City-St-Zip: HOMESTEAD, FL 33030

Title: VP (X) Change ( ) Addition  
Name: NAITE, CARLOS A  
Address: 28550 SW 172 AVE  
City-St-Zip: HOMESTEAD, FL 33030

Title: SEC ( ) Change (X) Addition  
Name: NAITE, VIRGEN M  
Address: 28550 SW 172 AVE  
City-St-Zip: HOMESTEAD, FL 33030

Title: TREA ( ) Change (X) Addition  
Name: NAITE, VIRGEN M  
Address: 28550 SW 172 AVE  
City-St-Zip: HOMESTEAD, FL 33030

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VIRGEN M NAITE

P

08/12/2007

Electronic Signature of Signing Officer or Director

Date