2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000108117 1. Entity Name A & F CORPORATE INC.								08	FILE SEP 26		ት በດ
Principal Place of Business			M	Mailing Address							
11570 SW 7 ST MIAMI, FL 33174				11570 SW 7 ST MIAMI, FL 33174			434	TALI	RETAKT (AHASSEE	/ 17 FL 0 l ،	NTE RIDA
2. Principal Place of Business - No P.O. Box #				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.			07142008	Chg-P	CR2E034	(12/06)	
City & State				City & State			PEL Numb	lod for			plied For t Applicable
Zip	Country			Zip Count		itry	5. Certificate of Status Desired Service Servi				
6. Name and Address of Current Registere				stered Agent			7. Name and	d Address of New	Registered Age	nt	
PEREZ. FI	ONA HEI	EN				Name					
11570 SW 7 ST MIAMI, FL 33174				Street Addr			ss (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, an											and accept
the obligations of registered agent.											
SIGNATURE											
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008 9. Election Campaign Finar Trust Fund Contribution.							5.00 May Be ded to Fees	In accordance corporation di	d not receive th	ne prior r	notice.
10.	r <u>-</u>	OFFICERS AND	OIRE		11.		ADDITIONS	/CHANGES TO OF			
TITLE						ξ	☐ Change ☐ Addition				
STREET ADDRESS CITY-ST-ZIP	11570 SW 7 ST STRE					EET ADDRESS -ST-ZIP					
TITLE	☐ Delete TIPLE					Ε	☐ Change ☐ Addition				
NAME STREET ADDRESS					MAM	EET ADDRESS	,				
CITY-ST-ZIP	■ -···					-ST-ZIP	800136517268				
TITLE	☐ Delete TITLE					E	10/01/0801017008 口能制品.lth.Addition				
NAME STREET ADDRESS	NA ST					ie Eet address					•
CITY-ST-ZIP						-ST-ZIP					
TITLE				☐ Delete	шп		. =	-		Change	Addition
name Street address					NAM STRE	EET ADDRESS					
CITY-ST-ZIP						-ST-ZIP					
TITLE				☐ Delete	TITL	l l				Change	☐ Addition
NAME STREET ADDRESS	ļ				NAM STRE	EET ADDRESS					
CITY-ST-ZIP					CITY	'-ST-ZIP					
TITLE NAME				☐ Delete	TITL NAM					Change	Addition
STREET ADDRESS						EET ADORESS					
CITY-ST-ZIP					CITY	- ST-ZIP					
12. I hereby certify that the information supplied with this filling 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 outly; 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: FOLD VELLEY PETER (PUES DENT) 7/14/08 305. 480.8383											
1	/	AND THE PART I I I ED OF	5				-	Lane C	L-dynii	/ 1164 70 7	