2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 21, 2008 8:00 am Secretary of State

ANNUAL REPURI								Comptant of Clata				
DOCUMENT # P97000084400							Secretary of State					
1. Entity Name								λ	02-21-2008	900140	17 ***150	0.00
A & Á INTERIORS INC.							理	10				
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				Mailing Address			41.					
				14244 SW 92ND ST.				٠,				
MIAMI, FL 33173-2107 MIAMI, FL 33173-2107												
										1110 1157 		
2. Principal Place of Business - No P.O. Box # 3.				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.			02152008	Chg-P	CBSE	034 (12/06)		
							02102006	Clig-F	CRZE	J34 (12/00)		
City & State				City & State				4. FEI Numb				plied For
Zip Country				Zip Coun				65-078	55989			t Applicable
216	Zip Godiniy			210			5. Certificate of Status D				\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent						
SHUJMAN, ABRAHAM J						Name						
14244 SW			Street Address			P.O. Box Numb	per is Not Acceptable	9)				
MIAMI, FL 33173-2107												
						City	City FL Zip Code					6
		y submits this statement	for the p	ourpose of changing its	register	ed office or	register	ed agent, or be	oth, in the State of Flo	orida. I am	familiar with,	and accept
the obligations of registered agent.												
SIGNATURE												
	Signature, typed	or printed name of registered agen	nt and little	fapplicable. (NOTE	: Registere	id Agent signatu	re required	when reinstating)		DATE		
E.,	EEE 10 6460 00	ncing	\$5	00 May Be								
After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution							Add	ed to Fees				
10.		OFFICERS ANI	D OIRE	CTORS	11.			ADDITIONS	L S/CHANGES TO OFF	ICERS AN	O DIRECTOR	S INI 11
TITLE	PD	5,7,02,107,11	<i>D D II I I I I I I I I </i>	☐ Delete	TITLI	E]		ADDITIONS	TOTIANGES TO OTT	OCHO AIN	☐ Change	Addition
NAME	SHUJMAN	N, ABRAHAM J		_ 50,000	NAM						C ourtige	
STREET ADDRESS						EET ADDRESS	I					
CITY-ST-ZIP	MIAMI, FL 331732107				CITY	-ST-ZIP	_					
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NAME CIRCLI ADDOCCO	SHUJMAN	•			NAM	- I						
STREET ADDRESS CITY-ST-ZIP	i	/ 92ND ST. . 331732107			B	ET ADDRESS -ST-ZIP						
TITLE	14112-1411, 1-2	. 331732107		□ Delete	TITLE						Change	☐ Addition
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NAME	I				NAM	E I						

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 tuskee 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/*CQ* /08

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