


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000004862**

1. Entity Name  
**A1A EXPORT SERVICE CORP.**



Principal Place of Business      Mailing Address

**3362 SW 139 PL**                      **3362 SW 139 PL**  
**MIAMI, FL 33175**                      **MIAMI, FL 33175**

**DO NOT WRITE IN THIS SPACE**



04172006    No Chg-P    CR2E034 (11/05)

4. FEI Number  
**65-0805575**       Applied For  
 Not Applicable

5. Certificate of Status Desired     **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**AYCART, ALFREDO R**  
**3362 SW 139 PL**  
**MIAMI, FL 33175**

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.     **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP AYCART, ALFREDO R 3362 SW 139 PL MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS AYCART, YOLANDA M 3362 SW 139 PL MIAMI, FL 33175
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05/02/06-80031-001 158.75

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 changed, or on an attachment with an address, with an other like empowered

SIGNATURE: \_\_\_\_\_      04-16-06      305-226-644  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #