

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90166 027 ***150.00

DOCUMENT # P98000085754					
1. Entity Name AAA TINTS "N" MORE OF SOUTH FLORIDA, INC.					
Principal Place of Business 11800 SW 144 CT. #4 MIAMI, FL 33186			Mailing Address 11800 SW 144 CT. #4 MIAMI, FL 33186		
12952 SW 87 AVE. MIAMI, FL 33176			12952 SW 87 AVE. MIAMI, FL 33176		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 65-0866496				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DELEON, YAMILET 11800 SW 144 CT. #4 MIAMI, FL 33186			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
12952 SW 87 AVE. MIAMI, FL 33176			12952 SW 87 AVE. MIAMI, FL 33176		
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: <u>Yamilet DeLeon</u> <u>Yamilet DELEON</u> <u>4-7-05</u> Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DELEON, YAMILET 11800 SW 144 CT. #4 MIAMI, FL 33186	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12952 SW 87 AVE. MIAMI, FL 33176					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DELEON, ANTONIO 11800 SW 144 CT. #4 MIAMI, FL 33186	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12952 SW 87 AVE. MIAMI, FL 33176					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Yamilet DeLeon</u> <u>Yamilet DELEON</u> <u>4-7-05</u> <u>305-233-3600</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					