
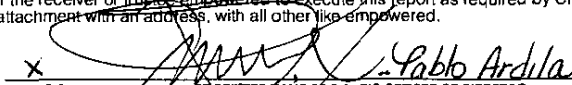


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90052 001 ***150.00
02-02-2004 90052 002 *****8.75

DOCUMENT # P98000104972					
1. Entity Name 3A HOLDINGS, INC.					
Principal Place of Business 1643 BRICKELL AVE. APT. #4702 MIAMI, FL 33129			Mailing Address 1643 BRICKELL AVE. APT. #4702 MIAMI, FL 33129		
2. Principal Place of Business		3. Mailing Address 7590 NW 186th Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 109 Suite			
City & State		City & State Miami, FL			
Zip	Country	Zip 33015	Country U.S.A.	4. FEI Number 65-0914053	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MIAMI CORPORATE SYSTEMS, INC. 283 CATALONIA AVE., 2ND FL CORAL GABLES, FL 33134			Name: _____ Street Address (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, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$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	D RUIZ, EZEQUIEL 1643 BRICKELL AVE., #4702 MIAMI, FL 33129		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRIOS, CARMEN 1643 BRICKELL AVE., #4702 MIAMI, FL 33129		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS ARDILA, PABLO 1643 BRICKELL AVE., #4702 MIAMI, FL 33129		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS ARDILA, JAIME 1643 BRICKELL AVE., #4702 MIAMI, FL 33129		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SIERRA, HELLEN S 1643 BRICKELL AVE., #4702 MIAMI, FL 33129		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			Jan. 15, 2004 786-313-0320		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		