2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000104972

Entity Name: 3A HOLDINGS, INC

City-St-Zip: MIAMI, FL 33129

FILED Jan 22, 2008 Secretary of State

Littly Na	me. SA HOLL	IIVOO, IIVO.				
Current Principal Place of Business:			New Prince	New Principal Place of Business:		
1643 BRICKELL AVE. APT. #4702 MIAMI, FL 33129			SUITE A-1	480 WEST 84 STREET SUITE A-105 HIALEAH, FL 33014		
Current Mailing Address:			New Mail	New Mailing Address:		
7590 NW 186 STREET STE 109 MIAMI, FL 33015			480 WEST 84 STREET SUITE A-105 HIALEAH, FL 33014			
FEI Number	: 65-0914053	FEI Number Applied For ()	FEI Number Not App	olicable () Certificate of Status Desired ()		
Name and	d Address of C	urrent Registered Agent:	Name and	d Address of New Registered Agent:		
283 CATA CORAL G. The above	RPORATE SYS LONIA AVE., 2 ABLES, FL 33 e named entity se of Florida.	MD FL 134 US	purpose of changing	its registered office or registered agent, or b		
SIGNATUI		ic Signature of Registered A	rent	Date		
Election Car		g Trust Fund Contribution ().	gent	Date		
OFFICER	S AND DIREC	TORS:	ADDITION	NS/CHANGES TO OFFICERS AND DIREC		
Title: Name: Address: City-St-Zip:	D () RUIZ, EZEQUIE 1643 BRICKEL MIAMI, FL 331	L AVE., #4702	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D () BARRIOS, CAR 1643 BRICKEL MIAMI, FL 331	L AVE., #4702	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name:	ARDILA, PABLO		Title: Name:	PVS (X) Change () Addition ARDILA, JAIME		
Address: City-St-Zip:	1643 BRICKEL MIAMI, FL 331		Address: City-St-Zip:	480 WEST 84 STREET SUITE A-105 HIALEAH, FL 33014		
Title: Name:	VPAS () ARDILA, JAIME	Delete	Title: Name:	TAS (X) Change () Addition SIERRA, HELLEN S		
Address: City-St-Zip:	1643 BRICKEL MIAMI, FL 331	L AVE., #4702	Address: City-St-Zip:	480 WEST 84 STREET AUITE A-105 HIALEAH, FL 33014		
Title: Name: Address:	T (X SIERRA, HELLI 1643 BRICKEL		Title: Name: Address:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: JAIME ARDILA PVS 01/22/2008