2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: !

May 18, 2005 8:00 am DOCUMENT # P99000095440 Secretary of State 1. Entity Name 05-18-2005 90028 019 ***150.00 A & T STOREFRONTS, INC. Principal Place of Business Mailing Address 8143 CAN CARLOS CIRCLE TAMARAC FL 33321 8143 CAN CARLOS CIRCLE TAMARAC FL 33321 2. Principal Place of Business 3. Mailing Address 226 MEARS 2210 MEAKS Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State Applied For 4. FEI Number 65-0959762 UALGATE Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VAYSMAN, ALEKSANDR Street Address (P.O. Box Number is Not Acceptable) 8143 CAN CARLOS CIRCLE TAMARAC FL 33321 City 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 Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change Addition VAYSMAN, ALEKSANDR MALAS NAME 8143 CAN CARLOS CIRCLE STREET ADDRESS STREET ADORESS CATY - ST - ZIP TAMARAC FL 33321 CITY-ST-71P DILE Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-718 CITY-ST-7F RHE Delete DD F ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS COTY-ST-ZIP CITY-ST-78 TITLE Delete ППE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY - St - ZIP CITY-ST-ZIP DDF Delete TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP RDF Oelete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

FILED

FOR PROFIT CORPORATION ATTACHMENT UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900095440 1. Entity Name			
A & T STOREFRONTS, INC			40084682
2. Principal Place of Business 220 MEARS PLWM Suite, Apt. #, etc.	MEARS PRIMY 2210 MEARS PRIMY		DO NOT WRITE IN THIS SPACE
MMGATE, FL	MARGATE	, FL	4. FEI Number 65 - 0959762 Applied For No: Applicable
33063 Country 45A	33063	Country USA	5. Certificate of Status Desired \$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent Plante ALE KSANDR VA (SMAN) Street Address (P.O. Box Number is Not Acceptable) 2.15 MERCE City FL Zip Code 3.2063.			
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 Signature Spread a Correspondent and the Corporation of the Corporation agency when religious agency agen			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of	<u></u>		9. Dection Campaign Financing \$5.00 May Be Trus. Fund Contribution. Added to Fees
10. OFFICERS AND E BILE BIMAR STREET AGGRESS GIY ST ZIP	DIRECTORS	THE THE STREET WORKSS CITY ST-729	CRZE034B (12/02)
Official NAME STREET ADDRESS CITY-ST-EIP		TGL5 NAME STREET ACCRESS OTY-ST-ZP	CR2E0
TTIC HAME STEFF ANDRESS CITY-ST- ZP		TITLE HAME STREET ADDRESS OUTY-ST-ZIP	DO NOT WRITE
FILE NAME STEET ADDRESS C TY ST-7P		Tres Name Street address City-St-78	IN THIS SPACE
PIGET HAMC STREET NOORESG CITY ST-ZIP		THEE NAME STREET ADDRESS OTTY- ST. ZIP	
TITLE HAME SEPERT ANOPESS C 11:-S1-ZIP		HELL HAME STREET ADDRESS GITY-ST-ZP	
12. Thereby 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 supplier ential report is true and accurate and that my signature shall have the same legislience as it made under oath. First I am an officer or director or 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 on an attachment with an address, with all other like empowered. SIGNATURE: SIGNATURE: SIGNATURE: District YPPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR District YPPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			