06-19-2006 90003 033 *****8.75
P99000095440

FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
06 JUL 05 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000095440

1. Entity Name
A & T STOREFRONTS, INC.

DO NOT WRITE IN THIS SPACE

40096068

CR2E034B (8/05)
04/28/06 90156 039 **150.00

2. Principal Place of Business	3. Mailing Address
2210 Mears Parkway	2210 Mears Parkway
Suite, Apt. #, etc. M	Suite, Apt. #, etc.
City & State Margate, FL	City & State Margate, FL
Zip 33063 Country USA	Zip 33063 Country U.S.A.

4. FEI Number 65-0959762 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ALEKSANDR VAYSMAN

Street Address (P.O. Box Number is Not Acceptable): 8143 SAN CARLOS CIR

City: TAMARAC FL Zip Code: 33321

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended AR is $61.25
Make Check Payable to Florida Department of State

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	PRESIDENT ALEKSANDR VAYSMAN 8143 SAN CARLOS CIR TAMARAC, FL 33321
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT ANTONIO BURROWS 9370 NW 37TH MANOR SUNRISE, FL 33351
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT - MARKETING ROSA F. SCILEPPI 2210 MEARS PARKWAY MARGATE, FL 33063
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ ALEKSANDR VAYSMAN 04/24/06 954-975 0053
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #