

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90061 011 ***150.00

DOCUMENT # P99000095440

1. Entity Name

A & T STOREFRONTS, INC.



Principal Place of Business

2210 MEARS PKWY
MARGATE FL 33063

Mailing Address

2210 MEARS PKWY
MARGATE FL 33063



2. Principal Place of Business - No P.O. Box #

2208 MEARS PKWY

Suite, Apt. #, etc.

3. Mailing Address

2208 MEARS PKWY

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

MARGATE, FL

Zip

33063

Country

U.S.A

City & State

MARGATE, FL

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

6. Name and Address of Current Registered Agent

VAYSMAN, ALEKSANDR
8143 SAN CARLOS CIRCLE
TAMARAC FL 33321

7. Name and Address of New Registered Agent

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

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, 2007 Fee Will Be \$550.00

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 P ☐ Delete
NAME VAYSMAN, ALEKSANDR
STREET ADDRESS 8143 SAN CARLOS CIRCLE
CITY - ST - ZIP TAMARAC FL 33321

TITLE V ☐ Delete
NAME BURROWS, ANTONIO
STREET ADDRESS 9370 NW 37TH MANOR
CITY - ST - ZIP SUNIRSE FL 33351

TITLE V ☐ Delete
NAME SCILEPPI, ROSA F
STREET ADDRESS 2210 MEARS PARKWAY
CITY - ST - ZIP MARGATE FL 33063

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: VAYSMAN, ALEKSANDR President 1.26.07 954.975.0053

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #