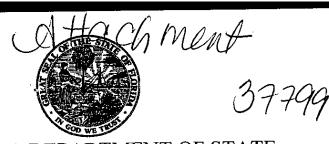
FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED Jul 04, 2002 8:00 am Secretary of State 05-27-2002 90418 037 ***150.00

DOCUI 1. Entity Name	MENT # P 99000111076			
A+ A	FINANCIM SERVICES, IT	vc. /		
	DO NOT WRITE IN THIS SP	ACE	37799	
	ace of Business 3. Mailing Address 5. Suite, Apt. #, etc. 3. Mailing Address 5. AME Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State			4. FEI Number Applied Fo. 6.5 0971837 Not Applied	
Zip 3.304	Country Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required	
		Name c	7. Name and Address of Current Registered Agent	
	DO NOT WRITE	ጉማ ነው	P.O. Box Number is Not Acceptable)	
	IN THIS SPACE	e i i		
		a tall com-	SW 16TH ST	\dashv
<i>y y</i>		Pemo	BNOKE PUNES FL Zip Code 33026	5
8. The above	named entity submits this statement for the purpose of changing its r	egistered office or register	red agenit, or both, withine state of monda.	
SIGNATURE _	Signature, typed or printed name of registered agent and little if applicable. (NOTE:	Registered Agent signature required	d when reinstating) DATE	.
9. This corpo	ration is eligible to satisfy its Intangible equirement and elects to do so. After May After May Amended	ay 1. Fee is \$150.00 I, Fee is \$550.00 UBR is \$61.25 e to Department of Sta	10. Election Campaign Financing \$5.00 May Trust Fund Contribution. Added to Feet	
11.	OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PREST DENT SONTA CUEVAS 10446 SW 16TAST PEN ONOXE PINCS FL 33035	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADORESS		2 × .:
TITLE		TITLE	ordina to the first state of the state of th	
NAME STREET ADDRESS		NAME STREET ADDRESS	DO NOT WRITE	
CITY-ST-ZIP		CITY-ST-ZIP		_
NAME STREET ADDRESS City-St-Zip		NAME STREET ADDRESS CITY_ST-ZIP	IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-SY-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY ST-ZIE		
13. I hereby of indicated of the cor	certify that the information supplied with this filing does not qualify for on this report or supplemental report is true and accurate and that m poration or the receiver or trustee empowered to execute this report nt with an address, with all other like empowered.	the exemption stated in Se	ection 119.07(3)(i), Florida Statutes. I further certify that the informatic same legal effect as if made under oath; that I am an officer or direc 07, Florida Statutes; and that my name appears in Block 11 or on a	ion ctor in



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

June 3, 2002

A+ FINANCIAL SERVICES, INC. 10446 SW 16 STREET PEMBROKE PINES, FL 33025

Subject: A+ FINANCIAL-SERVICES, INC.

Reference Number:

P99000111076

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

There is not a registered agent designated on the report. Please enter the current registered agent's name and Florida street address. If this is a change from the registered agent previously filed with this office, the new agent must sign accepting the designation.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/RG ANNUAL REPORTS SECTION