


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 A
Secretary of State

| | |
|--|---|
| DOCUMENT # V60274 1. Entity Name A1A ELECTRIC SIGNS AND NEON, INC. |  |
|--|---|

| | |
|--|--|
| Principal Place of Business 355 N.E. 79TH STREET MIAMI, FL 33138 | Mailing Address 355 N.E. 79TH STREET MIAMI, FL 33138 |
|--|--|

DO NOT WRITE IN THIS SPACE



01092008 No Chg-P CR2E034 (11/05)

| | |
|---|--|
| 4. FEI Number 65-0351478 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**KNIGIN, IRA
355 NE 79TH ST
PENTHOUSE SUITE
MIAMI, FL 33138**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | |
|---|--|----------------------------------|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 04/17/08-80036-018 150.00 |
|---|--|----------------------------------|

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PST KNIGIN, IRA 355 NE 79TH ST. MIAMI, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP KNIGIN, PAULA 355 N.E. 79TH STREET MIAMI, FL 33138 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| 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 exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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: _____ **4/02/8 305 757-6950**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR