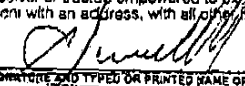


FILED
Mar 07, 2006 8:00 am
Secretary of State

03-07-2006 90195 001 ***158.75

03-07-2006 90195 002 ***158.75

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # V66299		
1. Entity Name A1 SUN PROTECTION, INC.		
Principal Place of Business 9550 NW 12 ST #13 MIAMI, FL 33172		Mailing Address 9550 NW 12 ST #13 MIAMI, FL 33172
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BISCHOFF, ANTONIO 9550 NW 12 ST., #13 MIAMI, FL 33172		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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)		
DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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	PSD BISCHOFF, ANTONIO 9550 NW 12 ST. #13 MIAMI, FL 33172	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T MENDOZA, ALVARO 9550 NW 12 ST. #13 MIAMI, FL 33172	
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 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: 		3/2/06 305-5910810
_____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date _____ DeVine Phone #