FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P03000157671

1. Entity Name
A\A Coordination Service, Inc.

DO NOT WRITE IN THIS SPACE

FILED

04 JUL -8 PH 12: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business	3. Mailing Address	
2631 NW 8th Street	2631 N.W. 8th St.	5-21-04 90006 032 $150.00
Suite, Apt. #, etc.	Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number		Applied For
Miami Fl.	Miami Fl.	56 2484506		Not Applicable

Zip	Country	Zip	Country	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
33147	Dade	33147	Dade		

7. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

Name: Gerardo V. Acosta

Street Address (P.O. Box Number is Not Acceptable): 2631 N.W. 8th Street

City: Miami FL Zip Code: 33147

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.

SIGNATURE _____

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

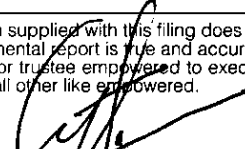| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐	**January 1 - May 1 Fee is $150.00** **After May 1, Fee is $550.00** **Amended UBR is $61.25** **Make Check Payable to Department of State**	10. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

11.   OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gerardo V. Acosta President 2631 N.W. 8th Street Miami Fl. 33147 (New)	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____   7/6/04   (086)380-3124

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034B (12/01)