

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90192 043 ***150.00

DOCUMENT # P06000150892

1. Entity Name
A1A GOLD, INC



Principal Place of Business
9 SOUTH US HWY 17
YULEE FL 32097
US

Mailing Address
9 SOUTH US HWY 17
YULEE FL 32097
US



2. Principal Place of Business - No P.O. Box #
463152 SR200
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 1143
Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State
Yulee, FL 32097
Zip
32097
Country
USA

City & State
Yulee, FL
Zip
32041
Country
USA

4. FEI Number
20-8003990
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PATEL, BHAVESH
586 TIMBER TRACE CT
ORANGE PARK FL 32073

7. Name and Address of New Registered Agent

Name
PATEL BHAVESH
Street Address (P.O. Box Number is Not Acceptable)
463152 SR 200
City
Yulee, FL Zip Code
32097

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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PD	PATEL, BHAVESH	586 TIMBER TRACE CT	ORANGE PARK FL 32073	<input type="checkbox"/>
VPD	PATEL, BHARAT	1552 W WINDY WILLOW DR	ST. AUGUSTINE FL 32092	<input type="checkbox"/>
STD	PATEL, RUPESH	586 TIMBER TRACE DR	ORANGE PARK FL 32073	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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:

BHAVESH Patel

4/19/07

904-

Date Daytime Phone #