


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 15, 2004 08:00 A**  
**Secretary of State**

**DOCUMENT # J02780**  
 1. Entity Name  
**A.A. MANAGEMENT ASSOCIATES INC.**



Principal Place of Business      Mailing Address  
**% SKLAR, HEYMAN & CO.**      **% SKLAR, HEYMAN & CO.**  
**500 BEDFORD AVE**              **500 BEDFORD AVE**  
**BELLMORE, NY 11710**        **BELLMORE, NY 11710**



01102004    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**59-2643930**       Not Applicable

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

6. Name and Address of Current Registered Agent  
**SKLAR, BENJAMIN**  
**6843 MOONLIT DR**  
**DELRAY BEACH, FL 33445**

**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: *Ben Sklar*      DATE: 1/10/04  
Signature, typed or printed name of registered agent and fee if applicable.      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 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	PD HEYMAN, FREDERIC 500 BEDFORD AVE BELLMORE, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SKLAR, HOWARD 500 BEDFORD AVE BELLMORE, NY
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	

U00000004680  
 01/15/04-80023-005 150.00

**DO NOT WRITE IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Fred Heyman*      DATE: 1/10/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #