


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90051 042 ***150.00

DOCUMENT # J02780 1. Entity Name A.A. MANAGEMENT ASSOCIATES INC.					
Principal Place of Business % SKLAR, HEYMAN & CO. 500 BEDFORD AVE BELLMORE, NY 11710			Mailing Address % SKLAR, HEYMAN & CO. 500 BEDFORD AVE BELLMORE, NY 11710		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 59-2643930				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 SKLAR, BENJAMIN 6843 MOONLIT DR DELRAY BEACH, FL 33445			7. Name and Address of New Registered Agent Name FRED HEYMAN Street Address (P.O. Box Number is Not Acceptable) 10751 S.E. RIVER RIDGE CT. City TEQUESTA FL Zip Code 33469		
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 <u><i>Fred Heyman</i></u> FRED HEYMAN <u><i>Fred Heyman</i></u> <u>1/15/08</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HEYMAN, FREDERIC 500 BEDFORD AVE BELLMORE, NY		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SKLAR, HOWARD 500 BEDFORD AVE BELLMORE, NY		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	---		<input type="checkbox"/> Delete		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	---		<input type="checkbox"/> Delete		
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: <u><i>Fred Heyman</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>1/15/08</u> <u>561 748-7025</u> <small>Date Daytime Phone #</small>		