FILED
May 06, 2005 8:00 am
Secretary of State
05-06-2005 90029 009 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT L04000045740

1. Entity Name
TRIPLE A PRODUCTS, LLC

Principal Place of Business
7800 CONGRESS AVENUE, SUITE 206
BOCA RATON, FL 33487

Mailing Address
7800 CONGRESS AVENUE, SUITE 206
BOCA RATON, FL 33487

DO NOT WRITE IN THIS SPACE

04182005No Chg-LLC CR2E083 (10/03)

4. FEI Number
20-1296830
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
ALCALAY, AHARON
7800 CONGRESS AVENUE, SUITE 206
BOCA RATON, FL 33487

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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 _____ DATE
Signature, record registered name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ALCALAY, AHARON
STREET ADDRESS	7800 CONGRESS AVENUE, SUITE 206
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ 4/28/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #