


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90420 022 ****61.25

DOCUMENT # N97000004755 1. Entity Name AFRICAN AMERICAN ENTREPRENEURIAL ASSOCIATION, INC.			
Principal Place of Business P O BOX 16413 ST PETERSBURG, FL 33733-6413		Mailing Address P O BOX 16413 ST PETERSBURG, FL 33733-6413	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI Number 59-3492502		App'ed For Not App'ed For	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RUBIN, MINSON R 4100 49TH AVE SO. ST PETERSBURG, FL 33711		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Numbers Not Accepted) City	
		State FL Zip Code	
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: <i>Minson Rubin - MINSON RUBIN 4/29/04</i>			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY ST ZIP	DP RUBIN, MINSON 4100-49TH AVE SO. ST PETERSBURG, FL 33711	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	DV TUCKER, FRED 3451 MANATEE DR SE ST PETERSBURG, FL 33705	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	DS SHINGLES, GLORIA 5256-2ND AVENUE SO. SAINT PETERSBURG, FL 33707	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	DT MITCHELL, JOSEPH 2238 CALEXICO WAY S ST. PETERSBURG, FL 33712	TITLE NAME STREET ADDRESS CITY ST ZIP	DT MITCHELL, JOSEPH 1795 LAKEWOOD DR. SO ST. PETERSBURG, FL 33712
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another fee empowered.			
SIGNATURE: <i>Minson Rubin - MINSON RUBIN 4/29/04</i>			