2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State
05-02-2007 90061 038 ***150.00

DOCUMENT # P03000112239

1. Entity Name
AARON NOTARY APPOINTMENT SERVICES, INC.

Principal Place of Business	Mailing Address
20558 NE 6TH COURT MIAMI, FL 33179	20558 NE 6TH COURT MIAMI, FL 33179

04302007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - Not P.O. Box #	3. Mailing Address
1000 N.E 14th Ave	P.O. Box 69-3002
Suite, Apt. #, etc.: #503	Suite, Apt. #, etc.:
City & State: Hallandale FL	City & State: Miami, FL
Zip: 33009 Country: Broward	Zip: 33269 Country: Miami-Dade

4. FEI Number: 56-2402970 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MINKOFF, JEFFREY 20558 NE 6TH COURT MIAMI, FL 33179	Name: Jeffrey MinKoff Street Address (P.O. Box Number is Not Acceptable): 1000 N.E. 14th Ave #503 City: Hallandale FL Zip Code: 33009

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PS MINKOFF, JEFFREY 20558 NE 6TH COURT MIAMI, FL 33179	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PS MinKoff, Jeffrey 1000 N.E. 14th Ave #503 Hallandale, FL. 33009	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT ZINMAN, MARC 2763 E. ATLANTIC BLVD. POMPANO BEACH, FL 33062	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ 4-30-07 305-654-8887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #