


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90284 015 ****50.00

DOCUMENT # L01000021348	
1. Entity Name AA HOLDINGS, L.L.C.	

Principal Place of Business 1390 NW 16TH STREET MIAMI, FL 33125	Mailing Address 1390 NW 16TH STREET MIAMI, FL 33125
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24014386



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02042004 Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1150952	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent
CORPCO, INC. 2699 SOUTH BAYSHORE DRIVE SEVENTH FLOOR MIAMI, FL 33133

7. Name and Address of New Registered Agent
Name <u>Yosvani Alfonso</u>
Street Address (P.O. Box Number is Not Acceptable) <u>1390 NW 16 street</u>
City <u>Miami</u> FL Zip Code <u>33125</u>

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 Yosvani Alfonso DATE 2-4-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALFONSO, YOSVANI 1390 NW 16TH STREET MIAMI, FL 33125 <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
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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: Yosvani Alfonso, President DATE 2-4-04 (30th) 229-2278
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE