

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-08-2004 90014 013 ***150.00

66415548



03092004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000064156 1. Entity Name AAA REALTY OF VERO BEACH, INC.																							
Principal Place of Business 855 21 ST VERO BEACH, FL 32960			Mailing Address 855 21 ST VERO BEACH, FL 32960																				
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																					
City & State Zip		City & State Zip		4. FEI Number 51-0472566																			
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																			
6. Name and Address of Current Registered Agent BONFIGLIO, CHARLES J 10000 STIRLING RD STE 5 COOPER CITY, FL 33024				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____																							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>BONFIGLIO, CHARLES J</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>10000 STIRLING RD STE 5 COOPER CITY, FL 33024</td> <td></td> </tr> </table>			TITLE	NAME	Delete <input type="checkbox"/>	STREET ADDRESS	BONFIGLIO, CHARLES J		CITY-ST-ZIP	10000 STIRLING RD STE 5 COOPER CITY, FL 33024		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP		
TITLE	NAME	Delete <input type="checkbox"/>																					
STREET ADDRESS	BONFIGLIO, CHARLES J																						
CITY-ST-ZIP	10000 STIRLING RD STE 5 COOPER CITY, FL 33024																						
TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>																					
STREET ADDRESS																							
CITY-ST-ZIP																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Delete <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP		
TITLE	NAME	Delete <input type="checkbox"/>																					
STREET ADDRESS																							
CITY-ST-ZIP																							
TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>																					
STREET ADDRESS																							
CITY-ST-ZIP																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Delete <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP		
TITLE	NAME	Delete <input type="checkbox"/>																					
STREET ADDRESS																							
CITY-ST-ZIP																							
TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>																					
STREET ADDRESS																							
CITY-ST-ZIP																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Delete <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP		
TITLE	NAME	Delete <input type="checkbox"/>																					
STREET ADDRESS																							
CITY-ST-ZIP																							
TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>																					
STREET ADDRESS																							
CITY-ST-ZIP																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Delete <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP		
TITLE	NAME	Delete <input type="checkbox"/>																					
STREET ADDRESS																							
CITY-ST-ZIP																							
TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>																					
STREET ADDRESS																							
CITY-ST-ZIP																							
12. 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 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>CHARLES J. BONFIGLIO</u> 3-12-04 954 436-8108 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																							