2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 19, 2005 08:00 AM Secretary of State **DOCUMENT # 400031** 1. Entity Name ASSOCIATED AMERICAN DEVELOPMENT CORP. Principal Place of Business Mailing Address 9100 NORTH KENDALL DRIVE 9100 NORTH KENDALL DRIVE MIAMI, FL 33176 MIAMI, FL 33176 04132005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 22-1718777 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SCUTIERI, PHILIP, JR DO NOT WRITE 9100 N KENDALL DR MIAMI, FL 33176 IN THIS SPACE 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. 1 am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE SCUTIERI, PHILIP, JR. NAME STREET ADDRESS 9100 N. KENDALL DRIVE U00000315260 Q4/19/05-80029-007 150.00 CITY-ST-ZIP MIAMI, FL 33176 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLS NAME. STREET ADDRESS CITY-ST-ZIP NAME

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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/05 (305)598 2593

Daytime Phone #