

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV 21 AM 11:35

DOCUMENT # 542195 1. Entity Name AAA SYSTEMS OF FLORIDA, INC.			
Principal Place of Business 1641 N.W. 79TH AVE. PO BOX 520788 MIAMI, FL 33126		Mailing Address 1641 N.W. 79TH AVE. PO BOX 520788 MIAMI, FL 33126	
2. Principal Place of Business 8266 NW 14 ST Suite, Apt. #, etc.		3. Mailing Address 8266 NW 14 ST Suite, Apt. #, etc.	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33126		Zip 33126	
Country		Country	
4. FEI Number 59-1760471		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RIVERO, MANUEL 1641 N.W. 79TH AVE. MIAMI, FL 33126		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8266 NW 14 ST City MIAMI FL Zip Code 33126	
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 reinstating) DATE _____			
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 VP RIVERO, MANUEL 1641 N.W. 79TH AVE. MIAMI, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 8266 NW 14 ST MIAMI FL 33126	<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 300060721253 10/18/05--01071--003 **550.00	<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 300060721253 11/21/05--01045--024 **200.00	<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
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)(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:		8/12/05 305-593 1400	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	