


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F04000007174</b> 1. Entity Name FLORIDA AAA ACTION REALTY, INC.	
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Principal Place of Business 245-06 JERICHO TURNPIKE, SUITE 204 FLORAL PARK, NY 11001-3923	Mailing Address 245-06 JERICHO TURNPIKE, SUITE 204 FLORAL PARK, NY 11001-3923
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02122008 No Chg-P CR2E034 (11/05)

4. FEI Number 11-3020720	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  BONNELL, PATRICIA 1167 SABLE KEY CIRCLE PORT ORANGE, FL 32128
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**DO NOT WRITE  
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. I am familiar with, and accept the obligations of registered agent

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	000000842256 03/11/09-80023-014 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STASIEWICZ, ROMUALD 245-06 JERICHO TURNPIKE, SUITE 204 FLORAL PARK, NY 110013923
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STASIEWICZ, KRISTYNA 245-06 JERICHO TURNPIKE, SUITE 204 FLORAL PARK, NY 110013923
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**DO NOT WRITE  
IN THIS SPACE**

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:** Romuald Stasiewicz **ROMUALD STASIEWICZ, 02-19-08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #