


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 12, 2006 8:00 am**  
**Secretary of State**

07-12-2006 90005 047 \*\*\*150.00


<b>DOCUMENT # G90468</b>		
1. Entity Name <b>AAA-RS, INC.</b>		

Principal Place of Business <del>5220 NW 72ND AVE</del> <del>#24</del> <b>MIAMI, FL 33166</b> US	Mailing Address <b>5220 NW 72ND AVE #24</b> <b>#24</b> <b>MIAMI, FL 33166</b> US
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**50022134**

2. Principal Place of Business <b>9401 NW 106 ST SUITE 109</b>	3. Mailing Address <b>9401 NW 106 ST</b>
Suite, Apt. #, etc. <b>SUITE 109</b>	Suite, Apt. #, etc. <b>SUITE 109</b>

City & State <b>MIAMI FL</b>	City & State <b>MIAMI FL</b>
Zip <b>33178</b> Country <b>US</b>	Zip <b>33178</b> Country <b>US</b>

	
07092006 Chg-P	CR2E034 (11/05)
4. FEI Number <b>59-2373871</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent	
<b>SINGER, DAVID H</b> <b>13320 SW 128TH ST</b> <b>SUITE 104</b> <b>MIAMI, FL 33186</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	<b>P AFFRONTI, MICHAEL J</b>
STREET ADDRESS	<b>5220 NW 72ND AVE #24 14501 HERMODY CT</b>
CITY-ST-ZIP	<b>MIAMI, FL 33166 DAVID FL 33325</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: <b>MICHAEL J AFFRONTI</b>	Date: <b>7/8/06</b>	Daytime Phone #: <b>786 402 2202</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		