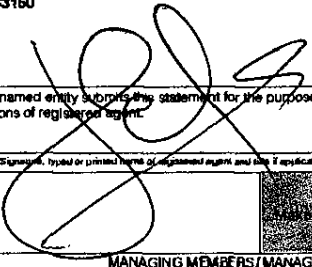
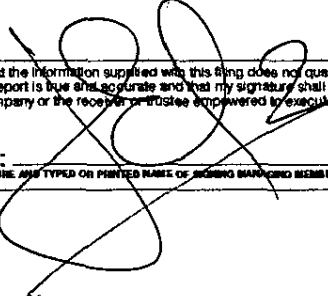


FILED
May 13, 2003 8:00 am
Secretary of State

05-13-2003 90015 030 ***55.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L00000011607			10104521
1. Entity Name A.A. SERVICES INTERNATIONAL, L.L.C.			
Principal Place of Business 4825 NW 72 AVENUE MIAMI, FL 33166		Mailing Address 4825 NW 72 AVENUE MIAMI, FL 33166	
2. Principal Place of Business 4825 NW 72 Ave.		3. Mailing Address 14299 NW 19th Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami FL		City & State Pembroke Pines FL	
Zip 33166		Zip 33028	
Country DADE		Country Broward	
4. FEI Number 65-1043700		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent LOPEZ, JAIME E 4825 NW 72 AVE MIAMI, FL 33160		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  DATE 4/30/03 Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when changing.)			
PLEASE PRINT OR TYPE Main Check payable to Florida Department of State Due By May 1, 2003			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
MGRM LOPEZ SANCHEZ, JAIME E 14299 NW 19TH ST PEMBROKE PINES, FL 33028		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
MGRM BOHORQUEZ LOPEZ, EMILCE 14299 NW 19TH ST PEMBROKE PINES, FL 33028		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes. SIGNATURE:  DATE 4/30/03 (786) 285-7599 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

CR2003 (10/02)