


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007 08:00 AM
Secretary of State

DOCUMENT # L29836 1. Entity Name AAA FINANCIAL CORP.	
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Principal Place of Business C/O DAVID J. DINATALE 9601 W. SAMPLE ROAD CORAL SPRINGS, FL 33065	Mailing Address C/O DAVID J. DINATALE 9601 W. SAMPLE ROAD CORAL SPRINGS, FL 33065
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DO NOT WRITE IN THIS SPACE



01102007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0143269	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DINATALE, DAVID J
 9601 W SAMPLE RD
 CORAL SPRGS, FL 33065

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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 \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DINATALE, DEBORAH K
STREET ADDRESS	7101 CUTTER CT.
CITY-ST-ZIP	PARKLAND, FL 33067
TITLE	P
NAME	DINATALE, DAVID J
STREET ADDRESS	7101 CUTTER CT.
CITY-ST-ZIP	PARKLAND, FL 33067
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 02/14/07-80061-010 158.75

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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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date: 02/05/07 Daytime Phone #: 9543442530