

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90134 034 ***150.00

DOCUMENT # L71444

1. Entity Name

A-AAH-ABACA LOCKSMITH, INC.



Principal Place of Business

~~12742 SW 146 LANE~~
~~MIAMI, FL 33186-0355~~
12102 SW 123 CT
MIAMI FL 33186

Mailing Address

~~12742 SW 146 LANE~~
~~MIAMI, FL 33186-0355~~



03082005

No Chg-P

CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0194402

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAYES, BRADEN

~~12742 SW 146 LANE~~

~~MIAMI, FL 33186~~

12102 SW 123 COURT
MIAMI FL 33186

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME

D
HAYES, BRADEN **12102 SW 123 CT**
~~12742 SW 146 LANE~~ **MIAMI FL**
MIAMI, FL **33186**

TITLE
NAME

DS
HAYES, GRACE **12102 SW 123 COURT**
~~12742 SW 146 LANE~~ **MIAMI FL**
MIAMI, FL 33186 **33186**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-9-05