

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90035 011 ***150.00

DOCUMENT # M17745

1. Entity Name

AAA TROPHY MANUFACTURING CO., INC.



Principal Place of Business

% CAESAR SANSONE
11471 W. SAMPLE RD., SUITE #24, #25
CORAL SPRINGS FL 33065
US

Mailing Address

% CAESAR SANSONE
11471 W. SAMPLE RD., SUITE #24, #25
CORAL SPRINGS FL 33065
US

50026591



1st MOORE CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2556754

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SANSONE, CAESAR
11471 W. SAMPLE RD.
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name Dan Sansone

Street Address (P.O. Box Number is Not Acceptable)

11471 W. Sample Rd.

City Coral Springs

FL

Zip Code

33065

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

2/9/05

FILE NOW!!! FEES \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	SANSONE, CAESAR	
STREET ADDRESS	550 S. OCEAN BLVD. #508	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	P	<input type="checkbox"/> Delete
NAME	SANSONE, DANIEL	
STREET ADDRESS	65 SE SPANISH TR #203	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	V	<input type="checkbox"/> Delete
NAME	SANSONE, JOAN	
STREET ADDRESS	550 S OCEAN BLVD #508	
CITY-ST-ZIP	BOCA RATON FL 33432	
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 11

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		
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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 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:

Dan Sansone - President

2/9/05

954-753-5760

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #