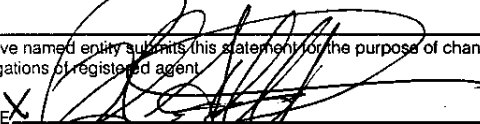
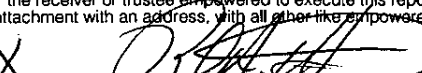


FILED
Feb 10, 2004 8:00 am
Secretary of State

94013466

UNYEOUOI y P00000009247 1. Entity Name A.A.A. LEGAL SERVICES, INC.				Secretary of State 02-10-2004 90039 035 ***150.00	
Principal Place of Business 13780 S.W. 56TH ST. #100 MIAMI, FL 33175		Mailing Address 13780 S.W. 56TH ST. #100 MIAMI, FL 33175		94013466	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02062004 Y, 10 Y i ÜÖf i ä öñi ÷	
City & State		City & State		4. FEI Number 65-0975383	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75	
6. Name and Address of Current Registered Agent MONTANER, RAUL A ESQ 175 FOUNTAINBLEAU BLVD SUITE 2-A MIAMI, FL 33172				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:  (NOTE: Registered Agent signature required when reinstating) DATE: 2/6/04					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP PRESIDENT Raul A. Montaner 175 Fontaine bleau Blvd suite 2A Miami FL 33172			TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition		
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: 			2/6/04 305388-5050		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		