

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000020663

1. Entity Name
AAA AIR SERVICE INC.



Principal Place of Business
4501 NW 103RD AVE.
104
SUNRISE, FL 33351

Mailing Address
4501 NW 103RD AVE.
104
SUNRISE, FL 33351

2. Principal Place of Business
4807 NW 11Ave

3. Mailing Address
4807 NW 11Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OAKLAND PARK FL

City & State
OAKLAND PARK FL

Zip

33334

Zip
33334

Country

US

Country
US

6. Name and Address of Current Registered Agent

FALLS, MICHAEL B
4501 NORTHWEST 103RD AVE
104
SUNRISE, FL 33351

Name

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

4807 NW 11Ave

City

OAKLAND PARK FL 33334

7. Name and Address of New Registered Agent

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 changing)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD FALLS, MICHAEL B 4501 NORTHWEST 103RD AVE #104 SUNRISE, FL 33351	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RVD FALLS, MICHAEL B. 130 S.E. 11Ave Dayton Beach, FL 33435	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 807, 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

5/14/05 854-552-7561
Date Daytime Phone #