FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90173 030 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000110903

1. Entity Name
AAA INVESTMENT GROUP, CORP.

100765021

Principal Place of Business	Mailing Address
4779 COLLINS AVE. SUITE 2404 MIAMI BEACH, FL 33140	4779 COLLINS AVE. SUITE 2404 MIAMI BEACH, FL 33140

4779 COLLINS AV. SUITE 2603

2. Principal Place of Business	3. Mailing Address
#2603	4779 COLLINS AV.
Suite, Apt. #, etc.: MIAMI BEACH. FL.	Suite, Apt. #, etc.: 2603
City & State	City & State: MIAMI BEACH FL.
Zip 33140 · Country USA	Zip 33140 · Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1061593 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RICHTER, NORMA
4779 COLLINS AVE. SUITE ~~2404~~ 2603
MIAMI BEACH, FL 33140

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) N/A
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 N/A
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, 2003 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P RTCHTER, NORMA 4770 COLLINS AVE MIAMI, FL 33139 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP VARCATI, LUIS F 7710 SW 103 PLACE MIAMI, FL 33173 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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: Norma Richter 04-14-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR · Date · Daytime Phone #

NORMA RICHTER PRESIDENT