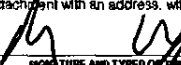


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91769 008 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000114832					
1. Entity Name AAA FILE MANAGEMENT INC.					
Principal Place of Business 7400 WEST OAKLAND PARK BLVD LAUDERHILL, FL 33319			Mailing Address 7400 WEST OAKLAND PARK BLVD LAUDERHILL, FL 33319		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-1068263	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ELEFANT, REUBEN 7400 WEST OAKLAND PARK BLVD LAUDERHILL, FL 33319				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 _____ Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when appointing) DATE _____					
FILING NOTICE: FEE IS \$150.00 After May 17, 2003 Fee will be \$350.00 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	P	☐ Delete			
NAME	ELEFANT, REUBEN				
STREET ADDRESS	7400 W. OAKLAND PARK BLVD				
CITY-ST-ZIP	LAUDERHILL, FL 33319				
TITLE	VP	☐ Delete			
NAME	HUS, ELYEZER				
STREET ADDRESS	7400 W. OAKLAND PARK BLVD				
CITY-ST-ZIP	LAUDERHILL, FL 33319				
TITLE	T	☐ Delete			
NAME	HUS, EDNA				
STREET ADDRESS	7400 W. OAKLAND PARK BLVD				
CITY-ST-ZIP	LAUDERHILL, FL 33319				
TITLE	S	☐ Delete			
NAME	ELEFANT, BAT-SHEVA				
STREET ADDRESS	7400 W. OAKLAND PARK BLVD				
CITY-ST-ZIP	LAUDERHILL, FL 33319				
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Change ☐ 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)(1), 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 507, 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 info empowered.					
SIGNATURE:  Reuben Elefant 4-30-03 954-149-0595					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

90128693



☐ CHECK HERE IF MAKING CHANGES

CR2EC34 (10/02)