

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

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90160 024 \*\*\*158.75

**DOCUMENT # P01000030200**

**1. Entity Name**

**AAA REAL ESTATE INVESTORS GROUP, INC.**



**Principal Place of Business**

**217 NW 7 AVE  
DANIA FL 33004**

**Mailing Address**

**217 NW 7 AVE  
DANIA FL 33004**

**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**

**65-1085121**

Applied For

Not Applicable

**5. Certificate of Status Desired**



**\$8.75 Additional  
Fee Required**

☒ **CHECK HERE IF MAKING CHANGES**



**6. Name and Address of Current Registered Agent**

**ROLLE, H. ANTHONY  
217 NW 7 AVE  
DANIA FL 33004**

**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 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**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ROLLE, H. ANTHONY</b>	
STREET ADDRESS	<b>2241 GREENE STREET SUITE A</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33020</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DARLING ROLLE, ANNA</b>	
STREET ADDRESS	<b>2241 GREENE STREET SUITE A</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33020</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ROLLE, TONY</b>	
STREET ADDRESS	<b>217 NW 7 AVE</b>	
CITY-ST-ZIP	<b>DANIA FL 33004</b>	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>H. ANTHONY ROLLE</b>
STREET ADDRESS	<b>217 NW 7 AVE</b>
CITY-ST-ZIP	<b>DANIA, FL 33004 (PRESIDENT)</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DIRECTOR KAREEM ROLLE</b>
STREET ADDRESS	<b>217 NW 7 AVE</b>
CITY-ST-ZIP	<b>DANIA FL 33004</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GARY ROLLE</b>
STREET ADDRESS	<b>217 NW 7 AVE</b>
CITY-ST-ZIP	<b>DANIA, FL 33004 DIRECTOR</b>
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	
STREET ADDRESS	
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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**3/11/03 (954) 347-9971**

Date

Daytime Phone #

CR2E034 (10/02)