

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90010 010 ***158.75

DOCUMENT # P01000088867

1. Entity Name
AAA MOTORS, INC.



Principal Place of Business
**4885 EAST 10 AVE
HIALEAH, FL 33013**

Mailing Address
**4885 EAST 10 AVE
HIALEAH, FL 33013**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01272004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-1137993

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**ALVAREZ, JESUS
4885 EAST 10 AVE
HIALEAH, FL 33013**

7. Name and Address of New Registered Agent

Name **Valdes, Alberto**

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

4885 E. 10 Ave.

City **Hialeah**

FL

Zip Code **33013**

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 **Alberto Valdes**

1-28-2004

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PDT	<input checked="" type="checkbox"/> Delete
NAME	ALVAREZ, JESUS	
STREET ADDRESS	4885 EAST 10 AVE	
CITY-ST-ZIP	HIALEAH, FL 33013	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ALVAREZ, MARIA D	
STREET ADDRESS	4885 EAST 10 AVE	
CITY-ST-ZIP	HIALEAH, FL 33013	
TITLE	VP	<input type="checkbox"/> Delete
NAME	VALDES, ALBERTO	
STREET ADDRESS	4885 EAST 10 AVE	
CITY-ST-ZIP	HIALEAH, FL 33013	
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 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	P.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Valdes, Alberto	
STREET ADDRESS	4885 East 10 Ave	
CITY-ST-ZIP	Hialeah, FL 33013	
TITLE	STD VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Valdes, Alberto A.	
STREET ADDRESS	4885 East 10 Ave.	
CITY-ST-ZIP	Hialeah, FL 33013	
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: **Alberto Valdes**

1-28-2004 (305) 953-7990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #