2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004
Secretary of State

DOCUMENT# P01000102813

Entity Name: AARON ACCOUNTING & FINANCIAL SERVICES, INC.

Current Principal Place of Business:

55 WESTON RD.
#402
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

15404 SW 19TH STREET
MIRAMAR, FL 33027

New Mailing Address:

FEI Number: 65-1150331 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SHATZ, CECILE DOREEN
55 WESTON RD., #402
WESTON, FL 33326

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SHATZ, ALAN JONATHAN
Address: 15404 SW 19TH STREET
City-St-Zip: MIRAMAR, FL 33027

Title: VSTD ( ) Delete
Name: SHATZ, CECILE DOREEN
Address: 15404 SW 19TH STREET
City-St-Zip: MIRAMAR, FL 33027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CECILE D. SHATZ VP 04/08/2004

Electronic Signature of Signing Officer or Director — Date