2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000102813

1. Entity Name
AARON ACCOUNTING & FINANCIAL SERVICES, INC.

Principal Place of Business	Mailing Address
~~55 WESTON RD.~~ *15404 SW 19 St*	15404 SW 19TH STREET
~~#402~~ *Miramar FL 33027*	MIRAMAR, FL 33027
~~WESTON, FL 33326~~	

DO NOT WRITE IN THIS SPACE

5y849030

04292005   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
65-1150331		Not Applicable

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

6. Name and Address of Current Registered Agent

SHATZ, CECILE DOREEN
~~55 WESTON RD.; #402~~ *15404 SW 19 Street*
~~WESTON, FL 33326~~ *Miramar FL 33027*

**DO NOT WRITE
IN THIS SPACE**

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 _____   *4/28/05*
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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution.	☐	**$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	SHATZ, ALAN JONATHAN
STREET ADDRESS	15404 SW 19TH STREET
CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	VSTD
NAME	SHATZ, CECILE DOREEN
STREET ADDRESS	15404 SW 19TH STREET
CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____ *Cécile D. Shatz VP 4/28/05 (954) 443-3459*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #