


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90329 021 ***150.00

DOCUMENT # P02000001330	
1. Entity Name AAA AUTO ELECTRIC & A/C, INC.	

Principal Place of Business 704 W MICHIGAN ST ORLANDO, FL 32805 US	Mailing Address 704 W MICHIGAN ST ORLANDO, FL 32805 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

03252004 Chg-P CR2E034 (10/03)

4. FEI Number 26-0027144	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75: Additional Fee Required
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6. Name and Address of Current Registered Agent MERCADO, ALICIA 4118 GUADALUPE CT. ORLANDO, FL 32817

7. Name and Address of New Registered Agent Name <i>Alicia Mercado</i> Street Address (P.O. Box Number is Not Acceptable) <i>704 W Michigan St</i> City <i>Orlando</i> FL Zip Code <i>32805</i>

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 <i>Alicia Mercado</i> DATE <i>3/25/04</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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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: <i>Alicia Mercado</i> <i>Alicia Mercado</i> DATE <i>3/25/04</i> DAYTIME PHONE # <i>321-229-2994</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>