## 4005 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 14, 2005 08:00 AM Secretary of State **DOCUMENT # P02000001330** 1. Entity Name AAA AUTO ELECTRIC & A/C, INC. Principal Place of Business \_\_\_ Mailing Address 704 W MICHIGAN ST 704 W MICHIGAN ST ORLANDO, FL 32805 ORLANDO, FL 32805 US No Chg-P CR2E034 (10/03) 01192005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 26-0027144 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MERCADO, ALICIA DO NOT WRITE 704 MICHIGAN STREET ORLANDO, FL 32805 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME MERCADO, ALICIA STREET ADDRESS 704 MICHIGAN ST U00000304985 CITY-ST-ZIP ORLANDO, FL 32805 04/14/05-80064-009 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 applithat 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

**FILED** 

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