

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 15, 2003 8:00 am
Secretary of State

0110983 AV

04-15-2003 90097 001 ***150.00

DOCUMENT # P02000001330

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



Principal Place of Business
704 W MICHIGAN ST
ORLANDO FL 32805

Mailing Address
4118 GUADALUPE CT
ORLANDO FL 32817



2. Principal Place of Business
704 W Michigan St
Suite, Apt. #, etc.
Orlando, FL
City & State

3. Mailing Address
704 W Michigan St
Suite, Apt. #, etc.
Orlando, FL
City & State

CHECK HERE IF MAKING CHANGES

4. FEI Number *26-0027144* Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

Zip *32805* Country *USA* Zip *32805* Country *USA*

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
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 *Alicia Mercado Ruiz* DATE *4/8/03*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MERCADO, ALICIA	
STREET ADDRESS	4118 GUADALUPE CT.	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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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
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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)(1), 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: *Alicia Mercado Ruiz* REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/03 *407-420-1244*
Date Daytime Phone #

CR2E034 (10/02)