2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Sep 21, 2006
Secretary of State

DOCUMENT# P02000052160

Entity Name: AAA POWER, INC.

Current Principal Place of Business:

19592 NW 82ND PLACE
MIAMI, FL 33015

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4522
HIALEAH, FL 33014 US

New Mailing Address:

FEI Number: 04-3677616 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALCZAK, DIANA V
19592 NW 82ND PLACE
MIAMI, FL 33015 US

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: SUSANA WALCZAK

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WALCZAK, SUSANA
Address: 14545 ENGLISH ROAD
City-St-Zip: MIAMI LAKES, FL 33014

Title: VD ( ) Delete
Name: WALCZAK, SABRINA
Address: 14545 ENGLISH ROAD
City-St-Zip: MIAMI LAKES, FL 33014

Title: STD ( ) Delete
Name: WALCZAK, DIANA
Address: 14545 ENGLISH ROAD
City-St-Zip: MIAMI LAKES, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 Chapter 119, 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: SUSANA WALCZAK PD 09/21/2006

Electronic Signature of Signing Officer or Director Date