

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

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01132005 Chg-P CR2E034 (10/03)

DOCUMENT # P02000079948 1. Entity Name AAA SUB-ZERO, INC.																																																											
Principal Place of Business 23 ATLANTIC BLVD. KEY LARGO, FL 33037			Mailing Address 23 ATLANTIC BLVD. KEY LARGO, FL 33037																																																								
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 13-4204646 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required																																																							
City & State		City & State																																																									
Zip		Zip																																																									
Country		Country																																																									
6. Name and Address of Current Registered Agent RUMPF, DANIEL 23 ATLANTIC BLVD. KEY LARGO, FL 33037				7. Name and Address of New Registered Agent Name <u>LINDA A. RUMPF</u> Street Address (P.O. Box Number is Not Acceptable) <u>96000 OVERSEAS HWY I-1</u> City <u>KEY LARGO</u> <u>FL</u> Zip Code <u>33037</u>																																																							
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 <u>Linda A. Rumpf</u> <u>PRESIDENT</u> <u>LINDA A. RUMPF</u> <u>1-13-05</u> <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">D RUMPF, DANIEL 23 ATLANTIC BLVD. KEY LARGO, FL 33037</td> <td style="width: 30%; padding: 2px; text-align: right;"><input checked="" type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">P.S.T. LINDA A. RUMPF 96000 OVERSEAS HWY I-1 KEY LARGO FL 33037</td> <td style="width: 30%; padding: 2px; text-align: right;"><input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	D RUMPF, DANIEL 23 ATLANTIC BLVD. KEY LARGO, FL 33037	<input checked="" type="checkbox"/> Delete	TITLE	P.S.T. LINDA A. RUMPF 96000 OVERSEAS HWY I-1 KEY LARGO FL 33037	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME		<input type="checkbox"/> Delete	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS		<input type="checkbox"/> Delete	STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP		<input type="checkbox"/> Delete	CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP		<input type="checkbox"/> Delete	CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP		<input type="checkbox"/> Delete	CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP		<input type="checkbox"/> Delete	CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP		<input type="checkbox"/> Delete	CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Linda A. Rumpf</u> <u>PRESIDENT</u> <u>LINDA A. RUMPF</u> <u>1-13-05</u> <u>(305) 852 1736</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																											