

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91063 048 ***150.00

DOCUMENT # P02000091476

1. Entity Name
AAA HOME DEVELOPERS, INC.



Principal Place of Business

**20523 OLD CUTLER RD
MIAMI, FL 33189**

Mailing Address

**P.O. BOX 971032
MIAMI, FL 33197**

94082702

2. Principal Place of Business

18425 SW 267 ST.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282004

Chg-P

CR2E034 (10/03)



City & State

HOMESTEAD, FL

City & State

HOMESTEAD, FL

4. FEI Number

82-0560411

Applied For

Not Applicable

Zip

33031

Country

-

Zip

-

Country

-

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LEZCANO, ALBERTO
20523 OLD CUTLER RD
MIAMI, FL 33189**

7. Name and Address of New Registered Agent

Name **LEZCANO ALBERTO**

Street Address (P.O. Box Number is Not Acceptable)
18425 SW 267 ST

City **HOMESTEAD**

FL

Zip Code **33031**

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)

4-28-04

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **LEZCANO, AMADO**
STREET ADDRESS **20523 OLD CUTLER RD**
CITY-ST-ZIP **MIAMI, FL 33189**

TITLE **SD** ☐ Delete
NAME **LEZCANO, ALBERTO**
STREET ADDRESS **20523 OLD CUTLER RD**
CITY-ST-ZIP **MIAMI, FL 33189**

TITLE **TD** ☐ Delete
NAME **LECANO, ALFRDO**
STREET ADDRESS **20523 OLD CUTLER RD**
CITY-ST-ZIP **MIAMI, FL 33189**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-04 305.242.0777

Date

Daytime Phone #