

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2007 8:00 am
Secretary of State

06-04-2007 90008 028 ***150.00

DOCUMENT # P02000099938

1. Entity Name
AA TRAFFIC SAFETY, INC.



Principal Place of Business
6680 SOUTH FEDERAL HIGHWAY # US 1
PORT SAINT LUCIE, FL 34952

Mailing Address
6680 SOUTH FEDERAL HIGHWAY # US 1
PORT SAINT LUCIE, FL 34952

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

6680 S. Federal Hwy
Suite, Apt. #, etc.
Port St Lucie #

SAME

05212007

Chg-P

CR2E034 (12/06)

4. FEI Number

01-0745353

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VIEIRA, ARLINDO
6680 SOUTH FEDERAL HIGHWAY # US 1
PORT SAINT LUCIE, FL 34952

7. Name and Address of New Registered Agent

Name Arlindo Vieira

Street Address (P.O. Box Number is Not Acceptable)

230 S.W. Pagoda Terr.

City Port St. Lucie

FL

Zip Code

34952

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 Arlindo Vieira Arlindo Vieira

Signature, typed or printed name of registered agent and type if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5-29-07

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES
VIEIRA, ARLINDO
6680 SOUTH FEDERAL HIGHWAY # US 1
PORT SAINT LUCIE, FL 34952 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE
VIEIRA, ISABEL
6680 SOUTH FEDERAL HIGHWAY # US 1
PORT SAINT LUCIE, FL 34952 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
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CITY-ST-ZIP
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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Arlindo Vieira
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Arlindo Vieira

Date

Daytime Phone #

5-29-07 7724643600