

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000099938

Entity Name: AA TRAFFIC SAFETY, INC.

FILED
Mar 23, 2009
Secretary of State

Current Principal Place of Business:

6656 SOUTH FEDERAL HIGHWAY
PORT SAINT LUCIE, FL 34952

New Principal Place of Business:

8448 SOUTH FEDERAL HIGHWAY
PORT SAINT LUCIE, FL 34952

Current Mailing Address:

6656 SOUTH FEDERAL HIGHWAY
PORT SAINT LUCIE, FL 34952

New Mailing Address:

8448 SOUTH FEDERAL HIGHWAY
PORT SAINT LUCIE, FL 34952

FEI Number: 01-0745353

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

VIEIRA, ARLINDO
230 SW PAGODA TERR
PORT SAINT LUCIE, FL 34952 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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: VIEIRA, ARLINDO
Address: 6656 SOUTH FEDERAL HIGHWAY # US 1
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: VICE () Delete
Name: VIEIRA, ISABEL
Address: 6656 SOUTH FEDERAL HIGHWAY # US 1
City-St-Zip: PORT SAINT LUCIE, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: VIEIRA, ARLINDO
Address: 8448 SOUTH FEDERAL HIGHWAY # US 1
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: VICE (X) Change () Addition
Name: VIEIRA, ISABEL
Address: 8448 SOUTH FEDERAL HIGHWAY # US 1
City-St-Zip: PORT SAINT LUCIE, FL 34952

I hereby certify that the information supplied with this filing does not qualify 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: ARLINDO VIEIRA

PRE.

03/23/2009

Electronic Signature of Signing Officer or Director

Date