


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

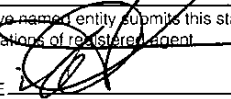
DOCUMENT # P03000034231		
1. Entity Name A & A ENTERPRISE GROUP, INC.		

Principal Place of Business 3056 S. STATE ROAD 7 SUITE 35 MIRAMAR, FL 33023	Mailing Address 3056 S. STATE ROAD 7 SUITE 35 MIRAMAR, FL 33023
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address P.O. box 3675 Suite, Apt. #, etc. City & State Zip
	Hollywood FL 33083

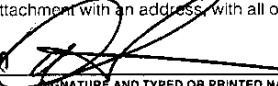
4. FEI Number 14-1877432		Applied For <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE, FL 33311-4132	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
	thelusma, Windel 402 S 26 Ave Hollywood FL 33028

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 	DATE 5-20-05

FILE NOW!!! FEE IS \$900.00	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THELUSMA, WINDEL 3056 S. STATE ROAD 7, SUITE 35 MIRAMAR, FL 33023 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600055988796 06/10/05--01003--008 ***300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	DATE 5-20-05

FILED  
05 JUN -7 PM 2:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 04-05

May 25, 2005

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, Fl 32314

Re: A & A Enterprise Group, Inc  
Documents Num: P03000034231

Dear Sirs:

This letter is regarding the annual report of the above mention company.

I am respectfully requesting the abatement of the reinstatement fees, since the Corporation moved from the previous address.


The new address is: P.O. Box 3675 Hollywood, Fl 33083

Please review the above circumstance and abate the penalty. I will make the payment on time from now on and notify you of any changes that might occur.

Enclosed is the payment for 2004 and 2005 Uniform Business Report payable to the Department of State of \$ 300.00

Thanks for your prompt attention to this matter.

Cordially,

  
Winder Thelusma  
President