



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90438 039 \*\*\*150.00

<b>DOCUMENT # P03000074888</b> 1. Entity Name <b>A.A. FLORIDA SERVICE, INC.</b>					
Principal Place of Business <del>621 SW 71 CT</del> <del>MIAMI, FL 33144</del>			Mailing Address <del>621 SW 71 CT</del> <del>MIAMI, FL 33144</del>		
2. Principal Place of Business <b>2772 S.W. 34TH CT</b> Suite, Apt. #, etc.		3. Mailing Address <b>2772 S.W. 34TH CT</b> Suite, Apt. #, etc.			
City & State <b>MIAMI, FLORIDA</b>		City & State <b>MIAMI, FLORIDA</b>		4. FEI Number <b>56-2373111</b>	
Zip <b>33133</b>		Country <b>MIAMI-DADE</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CASTELLANOS, ARIEL</b> <b>621 SW 71 CT</b> <b>MIAMI, FL 33144</b>				7. Name and Address of New Registered Agent Name <b>ARIEL CASTELLANOS</b> Street Address (P.O. Box Number is Not Acceptable) <b>2772 S.W. 34TH CT</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33133</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CASTELLANOS, ARIEL A <del>621 SW 71 CT</del> <del>MIAMI, FL 33144</del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>2772 S.W. 34TH CT</b> <b>MIAMI, FL 33133</b>	<input checked="" 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 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: <u><i>Ariel Castellanos - President</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>04/26/06</u> <small>Date Daytime Phone #</small>		