


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90406 034 ***150.00

DOCUMENT # P03000074888

1. Entity Name
A.A. FLORIDA SERVICE, INC.



Principal Place of Business
2772 S.W. 34TH CT
MIAMI, FL 33133

Mailing Address
2772 S.W. 34TH CT
MIAMI, FL 33133

2. Principal Place of Business - No P.O. Box #
4380 Tamiami Canal Rd

3. Mailing Address
4380 Tamiami Canal Rd

Suite, Apt. #, etc.



04162008 Chg-P CR2E034 (12/06)

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33126 Country **US**

Zip
33126 Country **US**

4. FEI Number
56-2373111

Applied For
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CASTELANOS, ARIEL
2772 SW 34TH CT
MIAMI, FL 33133

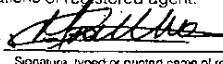
7. Name and Address of New Registered Agent

Name
Ariel A. Castellanos

Street Address (P.O. Box Number is Not Acceptable)
4380 Tamiami Canal Rd

City
MIAMI State **FL** Zip Code **33126**

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  - **Ariel A. Castellanos - President** DATE **4/25/08**

Signature, typed, or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

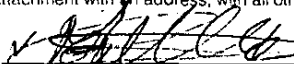
10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
P	CASTELANOS, ARIEL A	2772 SW 34TH CT	MIAMI, FL 33133	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	Ariel A. Castellanos	4380 Tamiami Canal Rd	MIAMI, FL 33126	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:  - **President** DATE **4/25/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ariel A. Castellanos