

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-28-2008 90406 034 \*\*\*150.00

<b>DOCUMENT # P03000074888</b> 1. Entity Name <b>A.A. FLORIDA SERVICE, INC.</b>			
Principal Place of Business <b>2772 S.W. 34TH CT MIAMI, FL 33133</b>		Mailing Address <b>2772 S.W. 34TH CT MIAMI, FL 33133</b>	
2. Principal Place of Business - No P.O. Box # <b>6380 Tamiami Canal Rd</b> Suite, Apt. #, etc.		3. Mailing Address <b>6380 Tamiami Canal Rd</b> Suite, Apt. #, etc.	
City & State <b>MIAMI, FL</b> Zip <b>33126</b>		City & State <b>MIAMI, FL</b> Zip <b>33126</b>	
4. FEI Number <b>56-2373111</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CASTELANOS, ARIEL 2772 SW 34TH CT MIAMI, FL 33133</b>		7. Name and Address of New Registered Agent Name <b>Ariel A. Castellanos</b> Street Address (P.O. Box Number is Not Acceptable) <b>6380 Tamiami Canal Rd</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33126</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 <b>Ariel A. Castellanos - President</b> <span style="float: right;">4/25/08</span> <small>Signature, typed, or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 <b>CASTELANOS, ARIEL A 2772 SW 34TH CT MIAMI, FL 33133</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Ariel A. Castellanos</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6380 Tamiami Canal Rd</b> <b>MIAMI, FL 33126</b>
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 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: <b>Ariel A. Castellanos - President</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>4/25/08</b> <small>Date Daytime Phone #</small>	

**Ariel A. Castellanos**