
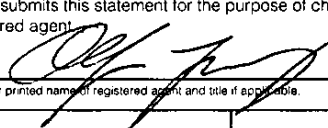
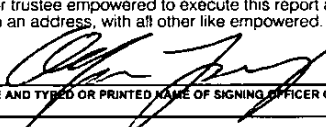


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000095842 1. Entity Name AAA TRANSMISSION & MGMT, INC.						FILED 06 MAY 16 PM 3:07 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 15431 W. DIXIE HIGHWAY N. MIAMI BEACH, FL 33162				Mailing Address 15431 W. DIXIE HIGHWAY N. MIAMI BEACH, FL 33162			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country				3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 30-0206322				Applied For <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 HANDLER, MARGARET 15431 W. DIXIE HIGHWAY N. MIAMI BEACH, FL 33162				7. Name and Address of New Registered Agent Name Alfonso Lopez IV Street Address (P.O. Box Number is Not Acceptable) 15431 W. Dixie Highway City N. Miami Beach FL Zip Code 33162			
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 <input checked="" type="checkbox"/>  <small>Signature, typed or printed name of registered agent, and title if applicable.</small>				DATE 5/11/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HANDLER, NORMAN <input checked="" type="checkbox"/> Delete 15431 W. DIXIE HIGHWAY N. MIAMI BEACH, FL 33162			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 400075553034 05/31/06--01023--002 **61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES HANDLER, MARGARET <input checked="" type="checkbox"/> Delete 15431 W. DIXIE HIGHWAY N. MIAMI BEACH, FL 33162			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR HANDLER, NORMAN <input checked="" type="checkbox"/> Delete 15431 W. DIXIE HIGHWAY N. MIAMI BEACH, FL 33162			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P, S, T, D Alfonso Lopez IV 15431 W. Dixie Highway N. Miami Beach, FL 33162		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP Henry Hogan Jr. 15431 W Dixie Highway N. Miami Beach, FL 33162		
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 B 5/23/06			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: <input checked="" type="checkbox"/>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 5/11/06 Daytime Phone #			