


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90031 031 ***150.00

DOCUMENT # P03000096299 1. Entity Name AA MANAGEMENT GROUP CORP.					
Principal Place of Business 5735 N.W. 151 STREET MIAMI LAKES, FL 33014			Mailing Address 5735 N.W. 151 STREET MIAMI LAKES, FL 33014		
2. Principal Place of Business 5735 NW 151ST		3. Mailing Address 5735 NW 151ST			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State MIAMI LAKES, FL		City & State MIAMI LAKES FL 33014		4. FEI Number 20019852	
Zip 33014		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALONSO, ARMANDO 843 SW 121 AVE PEMBROKE PINES, FL			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			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	DPS ALONSO, ARMANDO 843 S.W. 121 AVE PEMBROKE PINES, FL 33025		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<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: <i>Armando Alonso</i>			2-204 (855)826-5676		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

Attachment
Doc. # P03000096299
Division of Corporations

Annual Report

54002770

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Business Entity Name

AA MANAGEMENT GROUP CORP.

FEI Number

200198252

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☐ Yes ☒ No \$8.75 each

Principal Place of Business

Address

5735 N.W. 151 STREET

Suite, Apt. #, etc.

City, State

MIAMI LAKES, FL

Zip Code & Country

33014

Mailing Address

Address

5735 N.W. 151 STREET

Suite, Apt. #, etc.

City, State

MIAMI LAKES, FL

Zip Code & Country

33014

Name And Address of Registered Agent

Name (Last, First, Middle, Title) ALONSO, ARMANDO

-or- RA Business Name

Address

843 SW 121 AVE

Suite, Apt. #, etc.

City, State

PEMBROKE PINES, FL

Zip Code & Country

US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

Attachment

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