2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # P04000021844

1. Entity Name

AAA ÁMERICAN MORTGAGE CORP.



Principal Place of Business

SIGNATURE:

1250 E. HALLANDALE BEACH BOULEVARD

SUITE 406

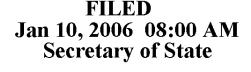
HALLANDALE BEACH, FL 33009

Mailing Address

1250 E. HALLANDALE BEACH BOULEVARD

SUITE 406

HALLANDALE BEACH, FL 33009





01052006

No Chg-P

CR2E034 (11/05)

954 456 7721

61-1465722

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, STUART M 1250 E. HALLANDALE BEACH BOULEVARD SUITE 406 HALLANDALE BEACH, FL 33009

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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 Signature typed or Enried name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE					
FILE NOWI!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Trust Fund Contrib			cing	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY ST ZIP	P/D AZADI, ARMAN A 500 N. FEDERAL HIGHWAY HALLANDALE BEACH, FL 33009				U00000381228 01/11/06-80045-012 158.75
TITLE NAME STREET ADDRESS CITY ST-ZIP	VP/D SMITH, STUART M 1250 E. HALLANDALE BEACH BOULI HALLANDALE BEACH, FL 33009	EVARD #406			
TIFLE NAME STREET ADDRESS CITY ST ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY ST ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY ST ZIP					
TITLE NAME STREET ANDRESS GITY ST ZIP					
12. Thereby certify that the information supplied with this filling 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					

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR