


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000022409	
1. Entity Name A & A SYSTEM TECHNOLOGY CORP.	

Principal Place of Business 689 NW 130 WAY PEMBROKE PINES, FL 33028	Mailing Address 689 NW 130 WAY PEMBROKE PINES, FL 33028
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DO NOT WRITE IN THIS SPACE



04152006 No Chg-P CR2E034 (11/05)

4. FEI Number 55-0856983	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PENA, ALVARO JR. 689 NW 130 WAY PEMBROKE PINES, FL 33028
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**DO NOT WRITE
IN THIS SPACE**

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 	DATE 04-15-2006
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE P	PENA, ALVARO JR. 689 NW 130 WAY PEMBROKE PINES, FL 33028
TITLE VP	RAMOS, DOUGLAS 689 NW 130 WAY PEMBROKE PINES, FL 33028
TITLE S,T	PENA, ALVARO SR. 689 NW 130 WAY PEMBROKE PINES, FL 33028
TITLE 	
TITLE 	
TITLE 	

**DO NOT WRITE
IN THIS SPACE**

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05/05/06-80036-002 150.00

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: 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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