

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000078320

1. Entity Name
AAA YES, INC.



**FILED
Apr 14, 2008 8:00 am
Secretary of State**

04-14-2008 90022 032 ***150.00

Principal Place of Business

1211 N WESTSHORE BLVD #314
TAMPA, FL 33607

Mailing Address

1211 N WESTSHORE BLVD #314
TAMPA, FL 33607

2. Principal Place of Business - No P.O. Box

Suite, Apt. #, etc.

3. Mailing Address

4127 W. Cypress St
Suite, Apt. #, etc.

City & State

TAMPA, FL
33607

City & State

TAMPA, FL
33607

County

HILLSBOROUGH

Zip

33607

County

HILLSBOROUGH

6. Name and Address of Current Registered Agent

FRANK, JOSEPH E
610 W AZEELE ST
TAMPA, FL 33606

Name

Charles J. Collova

Street Address (P.O. Box Number is Not Acceptable)

4127 W. Cypress St

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 printed name of registered agent and title if applicable.)

(Note: Registered Agent signature required when reinstating.)

DATE

FL 33607
4/10/08

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PS
COLLOVA, CHARLES J
5006 E LONGBOAT BLVD
TAMPA, FL 33615

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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 to this address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Charles J. Collova 4/10/08 (813) 874-5800

