FILED
Apr 21, 2005 8:00 am
Secretary of State
03-29-2005 90023 028 ***150.00

NORMA VALLE

03/21/2005 00:38 305-559-9930

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P04000141637

1. Entity Name
AAA HOLLYWOOD LOCKSMITH, INC

Principal Place of Business
2418 HOLLYWOOD BLVD
HOLLYWOOD FL 33020

Mailing Address
2418 HOLLYWOOD BLVD
HOLLYWOOD FL 33020

66012001

1st MOORE CR2E034 (10/04)

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 ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FRAGA, ADA
2418 HOLLYWOOD BLVD
HOLLYWOOD FL 33020

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. 3-24-05

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

FILE NOW!!! FEE IS $150.00
After May 1st 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

OFFICERS AND DIRECTORS

10.

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRAGA, ADA 2418 HOLLYWOOD BLVD HOLLYWOOD FL 33020	☑ Delete REMOVE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DE LA PAZ, RUDY 2418 HOLLYWOOD BLVD HOLLYWOOD FL 33020	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PALAZON, CLAUDIO 2418 HOLLYWOOD BLVD HOLLYWOOD FL 33020	☐ Delete remove
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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 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: RUDY DE LA PAZ 3-24-05 305-867-525

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