

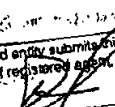
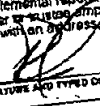
FILED
Apr 21, 2005 8:00 am
Secretary of State

03-29-2005 90023 028 ***150.00

03/21/2005 08:38 305-559-9930

NORMA VALLE

**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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
4. FEI Number		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FRAGA, ADA 2418 HOLLYWOOD BLVD HOLLYWOOD FL 33020			
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.		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
SIGNATURE: 		DATE: 3-24-05	
FILE NOW!!! FEE IS \$150.00 AR Due May 1, 2005. Fee will be \$350.00 Make Check payable to Florida Department of State		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
OFFICERS AND DIRECTORS			
10.	11.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
D FRAGA, ADA 2418 HOLLYWOOD BLVD HOLLYWOOD FL 33020			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
D DE LA PAZ, RUDY 2418 HOLLYWOOD BLVD HOLLYWOOD FL 33020			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
D PALAZON, CLAUDIO 2418 HOLLYWOOD BLVD HOLLYWOOD FL 33020			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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)(c), 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 this 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.			
SIGNATURE: 		DATE: 3-24-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE: 301-867-525	