


FILED
Jul 24, 2006 8:00 am
Secretary of State

6/2

2006 FOR PROFIT CORPORATION ANNUAL REPORT

06-26-2006 90003 021 ***158.75

| | | | |
|--|---|--|---|
| DOCUMENT # P05000031264 | |  | |
| 1. Entity Name AAA REMODELING, INC. | | | |
| Principal Place of Business 1840 W. 49TH ST., #220-16 HIALEAH, FL 33012 | | Mailing Address 1840 W. 49TH ST., #220-16 HIALEAH, FL 33012 | |
| 2. Principal Place of Business 5871 W. 21ST. COURT | | 3. Mailing Address SAME | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State HIALEAH, FL | | City & State F | |
| Zip 33016 | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 | | 7. Name and Address of New Registered Agent Name: ORLANDO N. AVILES Street Address (P.O. Box Number is Not Acceptable): 5871 W. 21 COURT City: HIALEAH FL Zip Code: 33016 | |
| 8. The above named entry 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: <i>Orlando N. Aviles</i> (NOTE: Registered Agent signature required when registering) DATE: _____ | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006 | | B. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD AVILES, ORLANDO N 5871 WEST 21ST COURT HIALEAH, FL 33016 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ELIAS DIAZ, SALES OFFICER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5871 WEST 21 COURT HIALEAH, FL 33016 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SV FUNES, MITZI A 5871 WEST 21ST COURT HIALEAH, FL 33016 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | O MCLAUCHLAN, RITCHIE A 5871 WEST 21ST COURT HIALEAH, FL 33016 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 with an address, with all other info empowered. | | | |
| SIGNATURE: <i>Orlando N. Aviles</i> | | Date: 6/18/06 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Daytime Phone #: 786-273-0856 | |

66022136



06152006 Chg-P CR2E034 (11/05)

4. FEI Number 20-2408653 Applied For Not Applicable

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