

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90010 033 ***150.00

DOCUMENT # P05000043280 1. Entity Name AARON COREY, INC.					
Principal Place of Business 4037 NW 87TH AVENUE SUNRISE, FL 33351			Mailing Address 4037 NW 87TH AVENUE SUNRISE, FL 33351		
2. Principal Place of Business 7551 S Aragon Blvd Suite, Apt. #, etc. Sunrise FL City & State 33313 Zip		3. Mailing Address 7551-3 S Aragon Blvd Suite, Apt. #, etc. Sunrise FL City & State 33313 Zip			
01262006 Chg-P CR2E034 (11/05)		4. FEI Number 20-2593159		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CRAMMER, EDWIN L 3801 N. UNIVERSITY DRIVE SUNRISE, FL 33351			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. SIGNATURE DATE 1/26/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COREY, AARON 4037 NW 87TH AVENUE SUNRISE, FL 33351		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Aaron Corey 7551-3 S Aragon Blvd Sunrise FL 33313	
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	
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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: President DATE 1/26/06 DAYTIME PHONE # 954.540.0481 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					