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SECRETARY OF STATE TALLAHASSEE, FLORIDA

Apr 28 2006 4:38AM Julio Molina P.A

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000051419

1. Entity Name
A A MARKET PLACE CORP

40072169

Principal Place of Business	Mailing Address
336 N. US HWY 17-92 LONGWOOD, FL 32750 US	336 N. US HWY 17-92 LONGWOOD, FL 32750 US
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04282006 Chg-P CR2E034 (11/05)

4. FEI Number 20-2626049 — ☐ Applied For ☐ Not Applicable

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
BAZAN, ARMANDO 4406 HILO ST ORLANDO, FL 32822	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 ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAZAN, ARMANDO 4406 HILO ST ORLANDO, FL 32822 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 with an address, with all other like empowered.

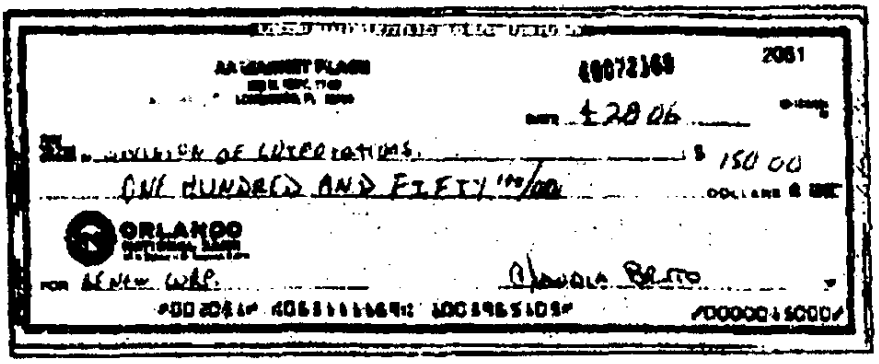
SIGNATURE: [signature] 4/28/06 407-722-29-22
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Division of Corporations
Annual Report Section
DOC.# P05000051419
FEI # 20-2626049

We are sending copy the check with paid the annual report and copy express mail delivery , we hope this can solve the matter.

Thanks you for you help.

Armando Bazan



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CK: 2051 DT: 05/15/06 ST: Paid

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