

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2006 8:00 am
Secretary of State

06-09-2006 90003 017 ***150.00

DOCUMENT # P05000074499 1. Entity Name AA GENERAL MERCHANDISE, INC.			
Principal Place of Business 3140 W PEMBROKE ROAD BAY 509 HALLANDALE, FL 33009 US		Mailing Address 150 SOUTH UNIVERSITY DRIVE SUITE C PLANTATION, FL 33324 US	
2. Principal Place of Business P.O. Box 841435 Suite, Apt. #, etc.		3. Mailing Address P.O. Box 841435 Suite, Apt. #, etc.	
City & State Pembroke Pines FL Zip 33084 Country USA		City & State PEMBROKE PINES Zip FL 33084 Country USA	
4. FEI Number 20-2873953		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 HO, THANH 3140 WEST PEMBROKE ROAD BAY 509 HALLANDALE, FL 33009		7. Name and Address of New Registered Agent Name <u>Thanh Ho</u> Street Address (P.O. Box Number is Not Acceptable) City <u>Pembroke Pines</u> FL Zip Code <u>33084</u>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. 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	P HO, THANH 3140 W PEMBROKE ROAD HALLANDALE, FL 33009	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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 like empowered.			
SIGNATURE: <u>X Thanh</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date		Daytime Phone #	

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