2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000043419

Entity Name: AAA INVESTMENTS GROUP, CORP.

FILED Apr 20, 2009 Secretary of State

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Current Principal Place of Business:			New Principal Place of Business:		
10773 NW DORAL, F	/ 58 ST. # 524 L 33178				
Current Mailing Address:			New Mailing Address:		
10773 NW DORAL, F	/ 58 ST. # 524 L 33178				
FEI Number	: 20-8704659	FEI Number Applied For()	FEI Number Not Appl	licable ()	Certificate of Status Desired ()
Name and	d Address of C	Surrent Registered Agent:	Name and	Address of	New Registered Agent:
LUGO, JC 7101 NW DORAL, F	109 PL	3			
	e named entity : e of Florida.	submits this statement for the p	ourpose of changing i	ts registered	office or registered agent, or both,
SIGNATU	RE:				
	Electror	ic Signature of Registered Age	ent		Date
Election Ca	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	PD () LUGO, JOSE A 7101 NW 109 F DORAL, FL 33	PL	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	V (X LUGO, CARLO 7101 NW 109 F DORAL, FL 33	PL .	Title: Name: Address: City-St-Zip:	()Change()Addition
Title: Name: Address: City-St-Zip:	T () LUGO, ANTONI 7101 NW 109 F DORAL, FL 33	PL	Title: Name: Address: City-St-Zip:	V (LUGO, ANTO 7101 NW 109 DORAL, FL 3	PL
Title: Name: Address: City-St-Zip:	S (X PARRA, GISEL 7101 NW 109 F DORAL, FL 33	PL	Title: Name: Address: City-St-Zip:	() Change ()Addition
Title: Name: Address: City-St-Zip:	S () NAVAS, MARIA 7101 NW 109 F DORAL EL 33	PL	Title: Name: Address: Citv-St-Zin:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE ANTONIO LUGO PD 04/20/2009