


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90047 005 ***155.00

DOCUMENT # P06000084291	
1. Entity Name AAA AWNING FACTORY, INC.	

Principal Place of Business 6522 HIDDEN BEACH CIRCLE ORLANDO, FL 32819 US	Mailing Address 6522 HIDDEN BEACH CIRCLE ORLANDO, FL 32819 US
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2. Principal Place of Business - No P.O. Box # 1600 33RD STREET #105 Suite, Apt. #, etc. 105	3. Mailing Address 1600 33RD STREET Suite, Apt. #, etc. 105
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City & State ORLANDO FL	City & State ORLANDO FL
Zip 32839	Country U.S.

01182007 Chg-P CR2E034 (12/06)

4. FEI Number 20-5461813	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 BENBASSAT, YITZHAK 6522 HIDDEN BEACH CIRCLE ORLANDO, FL 32819	7. Name and Address of New Registered Agent Name BENNAIM SHAY Street Address (P.O. Box Number is Not Acceptable) 8142 Goldensand Dr City ORLANDO FL Zip Code 32819
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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 Shm Bennaïm DATE 03/16/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BENBASSAT, YITZHAK 6522 HIDDEN BEACH CIRCLE ORLANDO, FL 32819 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BENNAIM SHAY 5388 LOS PALMAS VISTA DR ORLANDO FL 32837 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BENHAIM, SHAY 5338 LOS PALMAS VISTA DRIVE ORLANDO, FL 32837 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VIP SASI ALFONSO 8142 GOLDENSAND DR ORLANDO FL 32819 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SASI, ALFONSO 8142 GOLDEN SAND DRIVE ORLANDO, FL 32819 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BENNAIM SHAY 5388 LOS PALMAS VISTA DR ORLANDO FL 32837 <input checked="" 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	S SASI ALFONSO 8142 GOLDEN SAND DR ORLANDO FL 32819 <input checked="" 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 like empowered.

SIGNATURE: Shm Bennaïm DATE 03/16/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR