

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90021 005 \*\*\*150.00

<b>DOCUMENT # P06000084291</b>					
<b>1. Entity Name</b> AAA AWNING FACTORY, INC.					
<b>Principal Place of Business</b> 1600 33RD ST #105 105 ORLANDO, FL 32819 US			<b>Mailing Address</b> 1600 33RD ST #105 105 ORLANDO, FL 32819 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 8142 GOLDENSANDS DR Suite, Apt. #, etc.		<b>3. Mailing Address</b> 8142 GOLDENSANDS DR Suite, Apt. #, etc.			
<b>City &amp; State</b> ORLANDO FL <b>Zip</b> 32819		<b>City &amp; State</b> ORLANDO FL <b>Zip</b> 32819		<b>4. FEI Number</b> 20-5461813	
<b>Country</b> USA		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> BENNAIM SHAY 8142 GOLDENSAND DR ORLANDO, FL 32819			<b>7. Name and Address of New Registered Agent</b> Name: SASI ALFONSO Street Address (P.O. Box Number is Not Acceptable): 8142 GOLDEN SANDS DR City: ORLANDO FL Zip Code: 32819		
<b>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.</b> SIGNATURE: <u>[Signature]</u> DATE: <u>4/4/08</u> <small>Signature, typed or printed name of registered agent and fee is applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>					
<b>TITLE</b> PT <b>NAME</b> BENNAIM SHAY <b>STREET ADDRESS</b> 5338 LOS PALMAS VISTA DRIVE <b>CITY-ST-ZIP</b> ORLANDO, FL 32837	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> VPS <b>NAME</b> SASI ALFONSO <b>STREET ADDRESS</b> 8142 GOLDEN SAND DRIVE <b>CITY-ST-ZIP</b> ORLANDO, FL 32819	<input type="checkbox"/> Delete				
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
<b>TITLE</b> PT <b>NAME</b> SASI ALFONSO <b>STREET ADDRESS</b> 8142 GOLDEN SAND DR <b>CITY-ST-ZIP</b> ORLANDO FL 32819	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>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.</b>					
<b>SIGNATURE:</b> <u>[Signature]</u> DATE: <u>4/4/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					