

FILED
Aug 17, 2007 8:00 am
Secretary of State

07-16-2007 90126 032 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

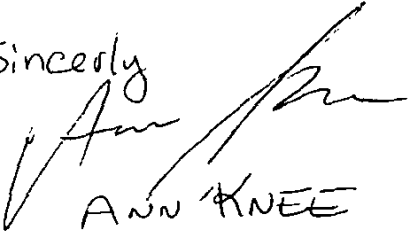
DOCUMENT # P06000102560			
1. Entity Name AAA PERSONAL CARE SPECIALIST, INC.			
Principal Place of Business 1140 NE 163 ST 30 NORTH MIAMI BEACH, FL 33162		Mailing Address 1140 NE 163 ST 30 NORTH MIAMI BEACH, FL 33162	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 650102735		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLER, RICHARD 16499 NE 19 AVE 107 NORTH MIAMI BEACH, FL 33162		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		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 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D P KNEE, ANN 1140 NE 163 ST #30 NORTH MIAMI BEACH, FL 33162 ☐ 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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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		7-12-07 (305) 9473717 Date Daytime Phone #	

ATTACHMENT
Att: Division of Corporations 66021032
Re: AAA Personal Care Specialist, Inc.
Document # PD 6000102560

To whom it may concern

I have "Not" received the 1st notice. Kindly wave the penalty fee. Enclosed is a check #1379 for the sum of \$150.00 made out to Florida Dept of State. Thank you.

Sincerely


ANN KNEE