

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90090 001 ***450.00

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1. Entity Name
AAA FINANCIAL SERVICES CORPORATION



Principal Place of Business
7435 NORTH WEST 57TH STREET
TAMARAC, FL 33319 US

Mailing Address
7435 NORTH WEST 57TH STREET
TAMARAC, FL 33319 US

bbU12011



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04272007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
20-8318232

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PITTER, CARL S
7435 NORTH WEST 57TH STREET
TAMARAC, FL 33319

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P, D** ☐ Delete
NAME **PITTER, CARL S**
STREET ADDRESS **7435 NORTH WEST 57TH STREET**
CITY-ST-ZIP **TAMARAC, FL 33319**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **COUSSEY, KAREN A**
STREET ADDRESS **7435 NORTH WEST 57TH STREET**
CITY-ST-ZIP **TAMARAC, FL 33319**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S, D** ☐ Delete
NAME **COUSSEY, KAREN A**
STREET ADDRESS **7435 NORTH WEST 57TH STREET**
CITY-ST-ZIP **TAMARAC, FL 33319**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **PITTER, CARL S**
STREET ADDRESS **7435 NORTH WEST 57TH STREET**
CITY-ST-ZIP **TAMARAC, FL 33319**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Carl S. Pitter*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/2007
Date

Daytime Phone #