

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000073260

FILED  
Feb 07, 2010  
Secretary of State

**Entity Name:** AAA WHEELCHAIRS AND SUPPLIES INC.

**Current Principal Place of Business:**

4535 HOLLYWOOD BOULEVARD  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

**Current Mailing Address:**

4535 HOLLYWOOD BOULEVARD  
HOLLYWOOD, FL 33021

**New Mailing Address:**

**FEI Number:** 26-3119853

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SANTIAGO, LAURA  
4535 HOLLYWOOD BOULEVARD  
HOLLYWOOD, FL 33021 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** SANTIAGO, LAURA  
**Address:** 1443R SW 5TH CT  
**City-St-Zip:** FT LAUDERDALE, FL 33312

**Title:** VP  
**Name:** SANTIAGO, JOSHUA SPENCER  
**Address:** 1443R SW 5TH CT  
**City-St-Zip:** FT LAUDERDALE, FL 33312

**Title:** SEC  
**Name:** SANTIAGO, LAURA  
**Address:** 1443R SW 5TH CT  
**City-St-Zip:** FT LAUDERDALE, FL 33312

**Title:** TREA  
**Name:** SANTIAGO, JOSHUA SPENCER  
**Address:** 1443R SW 5TH CT  
**City-St-Zip:** FT LAUDERDALE, FL 33312

I hereby 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 all other like empowered.

**SIGNATURE:** LAURA SANTIAGO

CEO

02/07/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date