2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 21, 2007 08:00 AM **Secretary of State**

DOCUMENT # P94000004994
1. Entity Name
ACCOUNTING AUTOMATION +, INC.

Principal Place of Business

Mailing Address

3640 YACHT CLUB DR. 1101

3640 YACHT CLUB DR.

1101

DO NOT WRITE IN THIS SPACE

AVENTURA, FL 33180

AVENTURA, FL 33180



03162007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0460661

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6	Name	and Ad	dress	of Curr	ent Renis	tered Agent
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TERREMARK CORPORATE AGENTS INC. 2601 SOUTH BAYSHORE DR. 19TH FLOOR

DO NOT WRITE

MIAMI, FL 33133				IN THIS SPACE					
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	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 Finance Trust Fund Contribution.				\$5.00 May Be Added to Fees					
10.	OFFICERS AND DIREC	CTORS							
NAME STREET ADDRESS CITY-ST-ZIP	HANA, ADAR 3640 YACHT CLUB DR., #1101 AVENTURA, FL 331803572								
TITLE NAME STREET ADDRESS CITY-ST-ZIP					000000674182 03/29/07-80060-010 150.00				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SPACE				
NAME STREET ADDRESS CITY-ST-ZIP									
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/2007

954 648-7796