

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000005456

**FILED**  
**Mar 13, 2011**  
**Secretary of State**

**Entity Name:** AAA TRIPLE "S" SERVICES, INC.

**Current Principal Place of Business:**

460 NW CONCOURSE PLACE  
#12  
PORT ST. LUCIE, FL 34986

**New Principal Place of Business:**

**Current Mailing Address:**

460 NW CONCOURSE PLACE  
#12  
PORT ST. LUCIE, FL 34986

**New Mailing Address:**

**FEI Number:** 65-0461311

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCALERA, DEAN  
460 NW CONCOURSE PLACE #12  
PORT ST. LUCIE, FL 34986 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SCALERA, THOMAS P  
Address: 460 NW CONCOURSE PLACE #12  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: VP  
Name: SCALERA, DEAN  
Address: 460 NW CONCOURSE PLACE #12  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: S  
Name: SCALERA, SAM  
Address: 460 NW CONCOURSE PLACE #12  
City-St-Zip: PORT SAINT LUCIE, FL 34986

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: DEAN SCALERA

PRES

03/13/2011

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

\_\_\_\_\_  
Date