


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000048767	
1. Entity Name AAA MARKETING INT'L, INC.	

Principal Place of Business 5860 MARIPOSA DR HOLIDAY, FL 34690 US	Mailing Address 5860 MARIPOSA DR HOLIDAY, FL 34690 US
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DO NOT WRITE IN THIS SPACE



04252007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3326993	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ST. GERMAIN, ROSE
5860 MARIPOSA DR
HOLIDAY, FL 34690

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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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ST. GERMAIN, ROSE M
STREET ADDRESS	17807 LITTEN DRIVE
CITY - ST - ZIP	BOCA RATON, FL 33498
TITLE	S
NAME	ST. GERMAIN, ROSE M
STREET ADDRESS	17807 LITTEN DRIVE
CITY - ST - ZIP	BOCA RATON, FL 33498
TITLE	T
NAME	DALBY, BARRY
STREET ADDRESS	17807 LITTEN DRIVE
CITY - ST - ZIP	BOCA RATON, FL 33498
TITLE	D
NAME	DALBY, BARRY
STREET ADDRESS	17807 LITTEN DRIVE
CITY - ST - ZIP	BOCA RATON, FL 33498
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE

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05/10/07-80068-009 150.00

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:  **4/26/07 727-385-4194**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #