


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000062805</b> 1. Entity Name <b>AEV RESIDENTIAL CORPORATION</b>	
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Principal Place of Business <b>19263 SW 119 CT MIAMI, FL 33177</b>	Mailing Address <b>4444 SW 71 AVE SUITE 101B MIAMI, FL 33155 US</b>
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**DO NOT WRITE IN THIS SPACE**



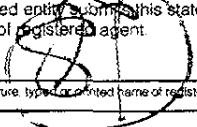
01062004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0684404</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>VEITIA, AGUSTIN 6501 SW 73 CT MIAMI, FL 33143</b>
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**DO NOT WRITE  
IN THIS SPACE**

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  (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VEITIA, AGUSTIN 6501 SW 73 CT MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST VEITIA, MERCEDES 6501 SW 73 CT MIAMI, FL 33143
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000000001459  
01/12/04-80011-001 150.00

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **A.E. VEITIA** 1/7/04 305-669-8575  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #