


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2006 08:00 AM**  
**Secretary of State**

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



01052006 No Chg-P CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent  VEITIA, AGUSTIN 6501 SW 73 CT MIAMI, FL 33143
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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 restate[ing]) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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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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01/24/06-80071-013 150.00

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the 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 \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_