


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90060 022 ***150.00

DOCUMENT # P96000091035	
1. Entity Name AARON COMPUTERIZED BOOKKEEPING SERVICES, CO.	

Principal Place of Business 1919 NE 45TH ST STE 21 FT LAUDERDALE FL US	Mailing Address 1919 NE 45TH ST STE 215 FT LAUDERDALE FL US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

34000000



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent SILVERMAN, CAROLE 1919 NE 45TH ST FT LAUDERDALE FL	7. Name and Address of New Registered Agent Name: SILVERMAN, MURRAY Street Address (P.O. Box Number is Not Acceptable): 1919 N.E. 45TH ST. City: FT. LAUDERDALE FL Zip Code: 33308
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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: Murray Silverman MURRAY SILVERMAN 1/29/04
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, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILVERMAN, CAROLE 2900 PALM-AIRE DR N, APT 209 POMPANO BEACH FL 33069 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P MURRAY SILVERMAN 2900 PALM-AIRE DR N, APT 209 POMPANO BCH, FL 33069 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Murray Silverman MURRAY SILVERMAN 1/29/04 (954) 491-3292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #