

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000036748

Entity Name: AAML FINANCIAL, INC.

FILED  
Feb 11, 2004  
Secretary of State

**Current Principal Place of Business:**

11923 OAKTRAIL WAY  
PORT RICHEY, FL 34668 US

**New Principal Place of Business:**

**Current Mailing Address:**

11923 OAKTRAIL WAY  
PORT RICHEY, FL 34668 US

**New Mailing Address:**

FEI Number: 59-3442374      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

DI IORIO, CLEMENTE DPST  
11923 OAKTRAIL WAY  
PORT RICHEY, FL 34668 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: DIIORIO, CLEMENTE  
Address: 11923 OAK TRAIL WAY  
City-St-Zip: PORT RICHEY, FL 34668

Title: PST ( ) Delete  
Name: DIIORIO, COSMO  
Address: 11923 OAK TRAIL WAY  
City-St-Zip: PORT RICHEY, FL 34668 US

Title: VP ( ) Delete  
Name: BIRREN, MICHAEL J  
Address: 11923 OAK TRAIL WAY  
City-St-Zip: PORT RICHEY, FL 34668 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: CLEMENTE DIIORIO

D

02/11/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date