

**2005.FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000053335

1. Entity Name

A & A AUTO SALES OF MIAMI, INC.



Principal Place of Business

705 NW 18 PLACE
MIAMI, FL 33125

Mailing Address

705 NW 18 PLACE
MIAMI, FL 33125



01252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0927203

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BATTLE, ADOLFO
1803 N.W. 1ST STREET
MIAMI, FL 33125

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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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BATTLE, ADOLFO
STREET ADDRESS	1803 NW 1ST ST.
CITY - ST - ZIP	MIAMI, FL 33125
TITLE	SD
NAME	BATTLE, MARIBEL
STREET ADDRESS	1803 NW 1ST ST.
CITY - ST - ZIP	MIAMI, FL 33125
TITLE	VSD
NAME	BATTLE, MARIBEL
STREET ADDRESS	1803 NW 1ST ST
CITY - ST - ZIP	MIAMI, FL 33125
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000219636
02/08/05-80036-006 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #

02-02-05 (305) 6318581