

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000070252

Entity Name: 4AA INVESTMENTS INC.

FILED
Apr 28, 2005
Secretary of State

Current Principal Place of Business:

901 PONCE DE LEON BLVD., SUITE 501
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

901 PONCE DE LEON BLVD., SUITE 501
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 65-0942937

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IRIONDO, ANDRES J
901 PONCE DE LEON BLVD., SUITE 501
CORAL GABLES, FL 33134 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: DVS () Delete
Name: ALVAREZ S, JOSE AGUSTIN
Address: 1300 SE 17TH ST #210
City-St-Zip: FT LAUDERDALE, FL 33316

Title: DP () Delete
Name: ALVAREZ A, JOSE AGUSTIN
Address: 1300 SE 17TH ST #210
City-St-Zip: FT LAUDERDALE, FL 33316

Title: DV () Delete
Name: ALVAREZ A, MARIANGELA
Address: 1300 SE 17TH ST #210
City-St-Zip: FT LAUDERDALE, FL 33316

Title: DT () Delete
Name: ALVAREZ A, ADRIANA
Address: 1300 SE 17TH ST #210
City-St-Zip: FT LAUDERDALE, FL 33316

Title: AS () Delete
Name: ANORES, IRIONDO J
Address: 901 PONCE DE LEON BLVD. #501
City-St-Zip: CORAL GABLES, FL 33134

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:

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: ALVAREZ S JOSE AGUSTI

DVS

04/28/2005

Electronic Signature of Signing Officer or Director

Date