2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Mar 07, 2007 08:00 AM DOCUMENT # V58487 **Secretary of State** 1. Entity Name AA/MIAMI, INC. Principal Place of Business Mailing Address 6600 SW 57TH AVE MIAMI FL 33143 6600 SW 57TH AVE MIAMI FL 33143 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 65-0363123 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRYER, WARREN Street Address (P.O. Box Number is Not Acceptable) 6600 SW 57TH AVE MIAMI FL 33143 City Zip Code 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 it applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete ☐ Change ☐ Addition ABRAHAM, ANTHONY B. NAME NAME 6600 SW 57TH AVE STREET ADDRESS STREET ADDRESS MIAMI FL 33143 CITY - SI - 7/P CITY-ST-7IP TITLE ☐ Change ☐ Addition ☐ Delete TOLE U00000658465 Change C 03/15/07-80039-016 158.75 ABRAHAM, THOMAS G. NAME NAMI: 6600 SW 57 AVE STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition MALOUF, THOMAS H. NAME NAME 3109 MOSS DALE LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Defete TIFLE BRYER, WARREN NAME NAME 6600 SW 57 AVE STREET ADDRESS STREET ADDRESS MIAMI FL CITY-SI-ZIP CITY-ST-ZIP Addition HHE ☐ Delete MILE NAME STREET ADDRESS STRLET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIIŒ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I horoby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath: that I am an officer or director of the corporation or the receiver or trusted 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 all other like empowered.

SIGNATURE: _

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WARREN BRYER, AS 3/2/07

305-665-2222

Daytime Phone #