

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V58487

Entity Name: AA/MIAMI, INC.

FILED  
Feb 04, 2009  
Secretary of State

## Current Principal Place of Business:

6600 SW 57TH AVE  
MIAMI, FL 33143

## New Principal Place of Business:

1320 S. DIXIE HIGHWAY  
SUITE 241  
CORAL GABLES, FL 33146

## Current Mailing Address:

6600 SW 57TH AVE  
MIAMI, FL 33143

## New Mailing Address:

1320 S. DIXIE HIGHWAY  
SUITE 241  
CORAL GABLES, FL 33146

FEI Number: 65-0363123

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BRYER, WARREN  
1320 S DIXIE HIGHWAY  
SUITE 241  
CORAL GABLES, FL 33146 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: ABRAHAM, ANTHONY B.  
Address: 1320 S DIXIE HIGHWAY #241  
City-St-Zip: CORAL GABLES, FL 33146

Title: D ( ) Delete  
Name: ABRAHAM, THOMAS G  
Address: 1320 S DIXIE HIGHWAY #241  
City-St-Zip: CORAL GABLES, FL 33146

Title: D ( ) Delete  
Name: MALOUF, THOMAS H.,  
Address: 3109 MOSS DALE LANE  
City-St-Zip: TAMPA, FL

Title: AS ( ) Delete  
Name: BRYER, WARREN  
Address: 1320 S DIXIE HIGHWAY #241  
City-St-Zip: CORAL GABLES, FL 33146

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: ABRAHAM, ANTHONY . R  
Address: 1320 S DIXIE HIGHWAY #241  
City-St-Zip: CORAL GABLES, FL 33146

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 exemption stated in Chapter 119, 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: ANTHONY R. ABRAHAM

D

02/04/2009

Electronic Signature of Signing Officer or Director

Date