## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # V68247  1. Entity Name AAA AND I, INC.				Secretary of S
,	ce of Business	Mailing Address		_
2029 SW 57 MIAMI, FL 3		2029 SW 57 CT MIAMI, FL 33155		
s. 5 - 85 , 4	, , , , ,			
. j <b>E</b>	O NOT WRITE	IN THIS SPA	CE	04272007 No Chg-P CR2E034 (11/05)  4. FEI Number Applied For
		***	· · · · · · · · · · · · · · · · · · ·	65-0360641 Not Applicabl
	· · ·	1		5. Certificate of Status Desired See Required \$8.75 Additional Fee Required
	6. Name and Address of Current Re	egistered Agent		the second of th
FERNANDEZ-ROMANI, IDANIA 2029 SW 57 CT				DO NOT WRITE
MIAMI, FL 33155			IN THIS SPACE	
				IN THIS SPACE
SIGNATURE.	tions of registered agent.  Signature, typed or printed name of registered agent and	Late if applicable. (NOTE, Registere	id Agent signature required	ed when reinstating) DATE
FIL After M	LE NOW!!! FEE IS \$150.00 lay 1, 2007 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		5.00 May Be Ided to Fees
10.	OFFICERS AND DI	RECTORS	-	1
NAME STREET ADDRESS CITY-ST-ZIP	FERNANDEZ-ROMANI, IDANIA			
TITLE NAME			1	
STREET ADDRESS CITY-ST-ZIP				The state of the s
TITLE NAME	,			
STREET ADDRESS				DO NOT WRITE
CITY-ST-ZIP TITLE				
NAME			•	IN THIS SPACE
STREET ADDRESS CITY - ST - ZIP				
TITLE				
NAME STREET ADDRESS			, , ,	
CITY-ST-ZIP		<del> </del>		1 -05/23/07-80023-020 150.0
TITLE NAME		•		
STREET ADDRESS	-	·		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

There is a supplementation of 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.

PRESIDENT

SIGNATURE: La YUR

CA YUR TEN AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1/29/07 (305/266-3082