2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Feb 14, 2005 8:00 am Secretary of State **DOCUMENT # V68952** 02-14-2005 90074 003 ***150.00 1. Entity Name A.A. MABRU, INC. Principal Place of Business Mailing Address AAATOTAR 1771 BLOUNT RD 1771 BLOUNT ROAD #214 #214 POMPANO BEACH, FL 33069 POMPANO BEACH, FL 33069 No Chg-P 01032005 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0355556 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MABRU, ALAIN DO NOT WRITE 1771 BLOUNT ROAD IN THIS SPACE POMPANO BEACH, FL 33069 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) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE MABRU, ALAIN NAME STREET ADDRESS 1771 BLOUNT ROAD #214 CITY-ST-ZIP POMPANO BEACH, FL 33069 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 the 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 registry or trustee empoweled to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

Date

Daytime Phone #

changed, or on an attach

SIGNATURE:

an address

IND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED