


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2005 08:00 AM
Secretary of State

DOCUMENT # J02780
 1. Entity Name
A.A. MANAGEMENT ASSOCIATES INC.



Principal Place of Business Mailing Address
% SKLAR, HEYMAN & CO. **% SKLAR, HEYMAN & CO.**
500 BEDFORD AVE **500 BEDFORD AVE**
BELLMORE, NY 11710 **BELLMORE, NY 11710**

DO NOT WRITE IN THIS SPACE



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-2643930 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SKLAR, BENJAMIN
6843 MOONLIT DR
DELRAY BEACH, FL 33445

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE: PD
 NAME: HEYMAN, FREDERIC
 STREET ADDRESS: 500 BEDFORD AVE
 CITY-ST-ZIP: BELLMORE, NY

TITLE: VSD
 NAME: SKLAR, HOWARD
 STREET ADDRESS: 500 BEDFORD AVE
 CITY-ST-ZIP: BELLMORE, NY

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

1100000179457
 01/13/05-80018-021 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: Fred Heyman 1/10/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #