


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90051 042 ***150.00

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**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01152008 Chg-P CR2E034 (12/06)

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

FRED HEYMAN
10751 S.E. RIVER RIDGE CT.
TEQUESTA, FL. 33469

7. Name and Address of New Registered Agent

Name **FRED HEYMAN**
 Street Address (P.O. Box Number is Not Acceptable) **10751 S.E. RIVER RIDGE CT.**
 City **TEQUESTA** **FL** Zip Code **33469**

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 *Fred Heyman* **FRED HEYMAN** *Fred Heyman* 1/15/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HEYMAN, FREDERIC 500 BEDFORD AVE BELLMORE, NY	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SKLAR, HOWARD 500 BEDFORD AVE BELLMORE, NY	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *Fred Heyman* 1/15/08 561 748-7025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #