

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90181 036 ***150.00




DOCUMENT # P02000116741
 1. Entity Name
A.I.A. INVESTMENTS, INC.

Principal Place of Business: **175 FONTAINEBLEAU BLVD. SUITE # 1R MIAMI, FL 33172**
 Mailing Address: **175 FONTAINEBLEAU BLVD. SUITE # 1R MIAMI, FL 33172**

2. Principal Place of Business: **111 SW 3rd Street**
 3. Mailing Address: **8235 SW 85 Terrace**
 Suite, Apt. #, etc.: **6th Floor**

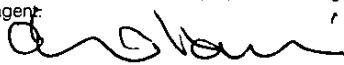
City & State: **Miami, Florida**

Zip: **33130** Country: **USA**

Barcode: 
 04172006 Chg-P CR2E034 (11/05)
 4. FEI Number: **56-2303552**
 Applied For: Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
CHAHINE, ANTONIO
175 FONTAINEBLEAU BLVD. SUITE # 1R
MIAMI, FL 33172

7. Name and Address of New Registered Agent
 Name: **Elliott Harris**
 Street Address (P.O. Box Number is Not Acceptable): **111 SW 3rd Street**
6th Floor
 City: **Miami** FL Zip Code: **33130**

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:  DATE: **4/17/06**
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, 2006 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	<input type="checkbox"/> Delete
NAME	CHAHINE, ANTONIO	
STREET ADDRESS	111 SW 3RD STREET SIXTH FLOOR	
CITY-ST-ZIP	MIAMI, FL 33130	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CHAHINE, ANTONIO JR.	
STREET ADDRESS	111 SW 3RD STREET SIXTH FLOOR	
CITY-ST-ZIP	MIAMI, FL 33130	
TITLE	STD	<input type="checkbox"/> Delete
NAME	CHAHINE, ISABEL	
STREET ADDRESS	111 SW 3RD STREET SIXTH FLOOR	
CITY-ST-ZIP	MIAMI, FL 33130	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	HARRIS, ELLIOTT	
STREET ADDRESS	111 SW 3RD STREET SIXTH FLOOR	
CITY-ST-ZIP	MIAMI, FL 33130	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chahine, Antonio	
STREET ADDRESS	8235 SW 85 Terrace	
CITY-ST-ZIP	Miami, Florida 33143	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chahine, Antonio Jr.	
STREET ADDRESS	8235 SW 85 Terrace	
CITY-ST-ZIP	Miami, Florida 33143	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chahine, Isabel	
STREET ADDRESS	8235 SW 85 Terrace	
CITY-ST-ZIP	Miami, Florida 33143	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  Assistant Director
 DATE: **4/17/06** (305) 358-0146
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #