


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P05000101052</b> 1. Entity Name <b>AIKO LUXURY LINENS, CORP.</b>	
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Principal Place of Business <b>2335 N.W. 107 AVE BOX 114 MIAMI, FL 33172</b>	Mailing Address <b>2335 N.W. 107 AVE BOX 114 MIAMI, FL 33172</b>
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**DO NOT WRITE IN THIS SPACE**



03262008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-3194128</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**MILLMAN, JANE  
9424 SW 69 CT  
MIAMI, FL 33156**

**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 *Jan Mills* DATE March 26, 2008  
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, 2008 Fee will be \$550.00**

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

U00000874120  
04/10/08-80103-024 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLMAN, JANE 9424 SW 69 CT MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNES, CAREN 2780 S OCEAN BLVD APT 611 LAKE WORTH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: *Jan Mills* **X3-26-08** **305 591-7663**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #