2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90489 028 ***150.00

DOCUMENT # P99000064979

1. Entity Name
AIMS OF AMERICA, INC.

Principal Place of Business	Mailing Address
11420 SW 109 ROAD MIAMI, FL 33176	11420 SW 109 ROAD MIAMI, FL 33176

04162005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
9400 S. DADELAND BLVD		9400 S DADELAND BLVD	
Suite, Apt. #, etc. 601		Suite, Apt. #, etc. 601	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33156	Country	Zip 33156	Country

4. FEI Number 65-0937112 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TARABOULOS, JACK 11420 SW 109 ROAD MIAMI, FL 33176	Name JACK TARABOULOS Street Address (P.O. Box Number is Not Acceptable) 9400 S DADELAND BLVD #601 City MIAMI FL Zip Code 33156

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) DATE

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BETHANIS, JOHN 11420 SW 109 ROAD MIAMI, FL 33176	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOHN BETHANIS 9400 S DADELAND BLVD MIAMI FL 33156	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 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: ______ 4/27/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #