



**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K18606</b> 1. Entity Name AIMBAHT, INC.		
Principal Place of Business 10346 NW 4TH ST CORAL SPRINGS, FL 33071		Mailing Address 10346 NW 4TH ST CORAL SPRINGS, FL 33071
<b>DO NOT WRITE IN THIS SPACE</b>		  01062005    No Chg-P    CR2E034 (10/03)
		4. FEI Number <b>65-0037182</b>
		Applied For <input type="checkbox"/> 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  RITTER, GREGORY J. % RITTER & CHUSID 7000 W PALMETTO PARK RD #400 BOCA RATON, FL 33433		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>10. OFFICERS AND DIRECTORS</b>		<div style="text-align: right; margin-bottom: 20px;">11111111178130 01/12/05-80014-011 150.00</div> <b>DO NOT WRITE IN THIS SPACE</b>
TITLE	D	
NAME	GRUMAN, MIN R.	
STREET ADDRESS	5860 NW 44TH ST	
CITY - ST - ZIP	LAUDERHILL, FL	
TITLE	D	
NAME	KAPLAN, JUDITH W.	
STREET ADDRESS	10346 NW 4TH ST	
CITY - ST - ZIP	CORAL SPRINGS, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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: <u>Judith W. Kaplan</u> <u>JUDITH W KAPLAN</u> <u>1/7/05</u> <u>(954) 753-5493</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>		