## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT#** 

508212

1. Entity Name

AIM SYSTEMS, INC.



## FILED May 07, 2004 8:00 am Secretary of State

05-07-2004 90115 006 \*\*\*150.00

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DO NOT WRITE IN THIS SPA						24072595	
2. Principal Place of Business 3. Mailing Address 1221 Northwest 165th ST. 1221 N.W. 165th Street							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State Miami, F1 33169		City & State Miami, F1		4. FEi Number Applied For 59–2107895 Not Applicable			
Zip	Country USA	<sup>Zip</sup> 33169	Country	USA	5. Certificate of Status Desire	ed []	\$8.75 Additional Fee Required
ر این در در منطقه در				Name	7. Name and Address of Curi	ent Registere	d Agent
		A. Quintero					
	DO NOT W	P.O. Box Number is Not Acceptable)					
	IN THIS SP	ACE			N.W. 165th Stre	et	
			100 m	<sup>City</sup> Mian	ni, Fl	FL	Zip Code - 33169
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							
January 1: May 1: Fee is \$150.00 After May 1: Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State					9. Election Campaigr Trust Fund Contrib	Financing	\$5.00 May Be Added to Fees
10.	OFFICERS AND	DIRECTORS	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	1. 1818 M. 18 July 1	LANGER OF STREET	Burney Filts	
TITLE	Director		TITLE				
NAME STREET ADDRESS	Luis A. Quintero			DORESS			
CITY-ST-ZIP	Miami, Fl 33169			-ZIP			The state of the s
TITLE	Director			g grand Gardara. Se nama kanasana	<u> SANGARAGA SANGAGA PANGAGA</u> P <del>ANGAGA</del>	<u>Parting and American</u>	
NAME	Norma Quintero		NAME				
STREET ADDRESS	1221 N.W. 165th St.			ODRESS:			
CITY-ST-ZIP	Miami, F1 33169			ZIP		19/2016 B	
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NAME STREET ADDRESS			NAME C	No. of the Same		A STATE OF THE STA	
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CITY-ST-ZIP			CITY ST	CCC - 2016 2 1982			
TITLE	<del></del>		TITLE			<u>ar y da a Sast.</u> Galak Sasta Sasta	
NAME			NAME				
STREET ADDRESS			, street a	(North State )			
CITY-ST-ZIP	pertify that the information supplied with	ship filipp dag t	CITY-ST-		110 07/20/5 5 1 1 2		-2

The corporation of the component of supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. Hurther 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 on an attachment with an address, with all other like empowered.

SIGNATURE: \_

IUIS A Quintero, Director Signature and typed or printed name of Signing Officer or Director

4/27/2004

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