1

## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 30, 2007 8:00 am Secretary of State

1. Entity Nam	MENT # K63499 RNATIONAL, INC.			04	-30-2007 9084	7 045 ***150.0	00	
Principal Place of Business Mailing Address 125 SOUTH FRANKLIN ST CHICAGO, IL 60606 CHICAGO, IL 60606					093530	l migu šian mink aver ave		
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 6969 W. 20 # AVE 6969 W. 20 # Suite, Apt. #, etc.				04242007	Chg-P	CR2E034 (12/		
City & Stat HIAL Zip	EAH, FL 33574	City & State HIALEAH, FL Zip 33014	Country	4. FEI Numb 65-009			Applied For Not Applicable	
3301		33014	U SA	5. Certificate	of Status Desired	□ \$8./5 Fee Re	Additional puired	
	6. Name and Address of Current I	Registered Agent	Nama	7. Name and	Address of New R	Registered Agent		
C T CORP	PORATION SYSTEM			lame				
C/O C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD PLANTATION, FL 33324				Street Address (P.O. Box Number is Not Acceptable)				
			City			FL Zip	Code	
	named entity submits this statement for	the purpose of changing its regi	stered office or	registered agent, or bo	th, in the State of Flo		with, and accept	
the obligations of registered agent.  SIGNATURE								
	Signature, typed or printed name of registered agent a	no titis ir applicable. (NUI E; Heg	stered Agent eigner	re required when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0	9. Election Campaign F Trust Fund Contribut		\$5.00 May Be Added to Fees				
10.	OFFICERS AND I		11.		CHANGES TO OFF	ICERS AND DIREC	TORS IN 11	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	D HERNANDEZ, JOHN J. 6969 W. 20 AVENUE HIALEAH, FL 33014	<mark>∭</mark> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/O BRENDAN J. I 550 W ADAT CHICAGO, FO	n5	☐ Cha	nge 🙇 Addition l	
TITLE NAME	DS JULIE PETRICONE	<b>□</b> Delete	TITLE NAME	V/D JOHN W. CA. 550 W. ADA	ابر ا	☐ Cha	nge 🔀 Addition	
STREET ADDRESS City-St-Zip	6969 W. 20 AVENUE HIALEAH, FL 33014	ŀ	STREET ADDRESS CITY-ST-ZIP	EHILA60, IL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MACIA, JOAQUIN R.	Ŭ <b>X</b> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOHN J. HER 6969 W. 20	NAWDEZ OF AVE	☐ Cha	nge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HIALGAH, F. VIT KAREN L. L. 550 W. ADAM CHICAGO, I	ر~	☐ Cha	nge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RICHARD H. 550 W ADA CHICAGO, FL	FLEMING ms	☐ Cha	nge <b>6</b> Addition	
7m c		☐ Delete	TITLE	VIA		☐ Cha	nge Addition	
NAME STREET ADDRESS CITY-ST-ZIP		Verale	NAME STREET ADDRESS CITY+ST-ZIP	JOSEPH W. 550 W. ADA CHICAGO, IL	ns			

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: John Hernandez, Can. MANAGER 4-27-07 305-821-8000 Date Date Date Date

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## ATTACHMENT

	ANNUAL	REPORT		T				
DOCUMENT # K63499  1. Entity Name AIS INTERNATIONAL, INC.								
Principal Place of Business 125 SOUTH FRANKLIN ST CHICAGO, IL 60606		Mailing Address 125 SOUTH FRANKLIN ST CHICAGO, IL 60606		140093530				
2. Principal Place of Business - No P.O. Box#		3. Mailing Address		The story are some and the state of the stat				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04242007 Chg-P CR2E034 (12/06)				
City & State		City & State		4. FEI Number Applied For 65-0098038 Not Applicable				
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required				
<del></del>	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent				
C T CORPORATION SYSTEM C/O C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD PLANTATION, FL 33324				Street Address (P.O. Box Number is Not Acceptable)				
LOUINI	ON, 1 E 30024		City	FL Zip Code				
	named entity submits this statement for ions of registered agent.	r the purpose of changing its re	egistered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and accept				
SIGNATURE_	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature requ	uired when reinstating) DATE				
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Campaig Trust Fund Contri		\$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 HERNANDEZ, JOHN J. 6969 W. 20 AVENUE HIALEAH, FL 33014	XI Delete	STREET ADDRESS 5	Grange Addition Change Addition 350. ADAMS  HC460, IL 60661				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS JULIE PETRICONE 6969 W. 20 AVENUE HIALEAH, FL 33014	<b>√</b> Delete	STREET ADDRESS 550	Change Addition Change Addition On ADAms				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MACIA, JOAQUIN R. 6969 W. 20 AVENUE HIALEAH, FL 33014	<b>⊠</b> Delete	TITLE SUBSTREET ADDRESS STORY-ST-ZIP CH	DZBNNE K. TORREY  DW. ADAMS HICAGO, IL 60661				
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				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additio				
indicated of the co	l on this report or supplemental report i	s true and accurate and that mo owered to execute this report a	ıv sıqnature shall have ti	ined in Chapter 119, Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if				