2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2004
Secretary of State

DOCUMENT# N00000000894

Entity Name: AID INTERNATIONAL, INC.

Current Principal Place of Business:

114 THOMAS ROAD
HOLLYWOOD, FL 33023

New Principal Place of Business:

Current Mailing Address:

114 THOMAS ROAD
HOLLYWOOD, FL 33023

New Mailing Address:

P.O BOX 220691
WEST PALM BEACH, FL 33422 US

FEI Number: 75-3085395 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALIX, MARLAINE G
617 CHERRY ROAD
WEST PALM BEACH, FL 33409 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ALIX, MARLAINE G
Address: 617 CHERRY ROAD
City-St-Zip: W PALM BEACH, FL 33409

Title: STD ( ) Delete
Name: PIERRE, ERNST
Address: 1150 NW 135TH STREET
City-St-Zip: MIAMI, FL 33168

Title: D ( ) Delete
Name: JEUNE, JOEL REV.
Address: 114 THOMAS ROAD
City-St-Zip: HOLLYWOOD, FL 33023

Title: D ( ) Delete
Name: MEME, BAPTISTE JEAN
Address: 300 NW 135TH STREET
City-St-Zip: MIAMI, FL 33168

Title: VD ( ) Delete
Name: SEJOUR, BERNARD
Address: 2104 WORTHINGTON RD
City-St-Zip: W PALM BEACH, FL 33409

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change ( ) Addition
Name: PIERRE, ERNST
Address: 1621 QUAIL DRIVE APT.B-211
City-St-Zip: WEST PALM BEACH, FL 33409

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: SEJOUR, BERNARD
Address: 1604 ORLEANS CIRCLE APT. 2 F
City-St-Zip: N.KANSAS CITY, MO 64116

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIE MARLAINE G. ALIX PD 06/04/2004

Electronic Signature of Signing Officer or Director Date