

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000894

FILED
Apr 28, 2009
Secretary of State

Entity Name: AID INTERNATIONAL, INC.

Current Principal Place of Business:

6157 NW 167TH AVE
F-14
HIALEAH, FL 33015

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 75-3085395

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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: 4170 BEAR LAKES COURT APT.204
City-St-Zip: WEST PALM BEACH, FL 33409

Title: D () Delete
Name: CELESTIN, MARQUELY
Address: 5165 FOXWALL DR. N
City-St-Zip: WEST PALM BEACH, FL 33417

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: 1604 ORLEANS CIRCLE APT. 2 F
City-St-Zip: N.KANSAS CITY, MO 64116

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

04/28/2009

Electronic Signature of Signing Officer or Director

Date