

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000894

FILED  
Apr 28, 2011  
Secretary of State

Entity Name: AID INTERNATIONAL, INC.

**Current Principal Place of Business:**

1299 SW KALEVALA DR.  
PORT ST LUCIE, FL 34953

**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  
1299 SW KALEVALA DR  
PORT SAINT LUCIE, FL 34953 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  
Name: ALIX, MARLAINE G  
Address: 1299 SW KALEVALA DR  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: STD  
Name: PIERRE, ERNST  
Address: 3902 SW COQUINA COVE WAY APT. 202  
City-St-Zip: PALM CITY, FL 34990

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

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

Title: VD  
Name: ALIX, RUTH VANESSA  
Address: 247 MATHER MAIL CENTER  
City-St-Zip: CAMBRIDGE, MA 02138

I hereby 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 all other like empowered.

SIGNATURE: MARIE MARLAINE G. ALIX

PD

04/28/2011

Electronic Signature of Signing Officer or Director

Date