

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007461

FILED
Jan 09, 2009
Secretary of State

Entity Name: AIM TO ACHIEVE!, INC.

Current Principal Place of Business:

2775 NE 187 ST
#517W
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

2775 NE 187 ST
#517W
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 26-0568775 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEWIS, KAREN J
2775 NE 187 ST
#517W
AVENTURA, FL 33180 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: D () Delete
Name: NORRIS, RICKY
Address: 3009 NW 51 TERRACE
City-St-Zip: MIAMI, FL 33142

Title: D () Delete
Name: MELANIE, JONES-DAVIS
Address: 14075 NW 5 PLACE
City-St-Zip: MIAMI, FL 33168

Title: PD () Delete
Name: LEWIS, KAREN
Address: 2775 NE 187 ST #517W
City-St-Zip: AVENTURA, FL 33180

Title: VD () Delete
Name: LEWIS, IKE
Address: 2775 NE 187 ST, 517W
City-St-Zip: AVENTURA, FL 33180

Title: SD (X) Delete
Name: JONES-DAVIS, MELANIE
Address: 14075 NW 5 PLACE
City-St-Zip: MIAMI, FL 33168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KAREN, LEWIS
Address: 2775 NE 187 ST, #517W
City-St-Zip: AVENTURA, FL 33180

Title: VP (X) Change () Addition
Name: LISA, JONES
Address: 8225 EQUINOX LANE
City-St-Zip: FAIRBURN, GA 30213

Title: T (X) Change () Addition
Name: APRIL, JONES
Address: 17120 NW 11 AVE
City-St-Zip: MIAMI, FL 33169

Title: S (X) Change () Addition
Name: MELANIE, KIRKSEY
Address: 5509 NW 7 AVE
City-St-Zip: MIAMI, FL 33127

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: KAREN LEWIS

P

01/09/2009

Electronic Signature of Signing Officer or Director

Date