

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000768

FILED  
Jan 21, 2008  
Secretary of State

Entity Name: AIDING-AIDS, INC.

**Current Principal Place of Business:**

10170 NW 3RD ST  
PEMBROKE PINES, FL 33026

**New Principal Place of Business:**

**Current Mailing Address:**

10170 NW 3RD ST  
PEMBROKE PINES, FL 33026

**New Mailing Address:**

FEI Number: 65-0726729

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

ROBERTSON, WINSOME  
10170 NW 3RD ST  
PEMBROKE PINES, FL 33026 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: ROBERTSON, WINSOME  
Address: 10170 NW 3RD ST  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: VD ( ) Delete  
Name: FARQUHARSON, DONALD  
Address: 8305 E MISSION WOOD DR  
City-St-Zip: MIRAMAR, FL 33025

Title: STD ( ) Delete  
Name: BARNETT, LOCKSLEY  
Address: 1060 NE 153RD TERR  
City-St-Zip: N. MIAMI BEACH, FL 33162

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VD (X) Change ( ) Addition  
Name: FARQUHARSON, DONALD  
Address: 8647 BLAZE CT  
City-St-Zip: DAVIE, FL 33328

Title: STD (X) Change ( ) Addition  
Name: BARNETT, LOCKSLEY  
Address: 10170 NW 3RD STREET  
City-St-Zip: PEMBROKE PINES, FL 33026

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: WINSOME ROBERTSON

PRES

01/21/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date