


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2007 8:00 am
Secretary of State

05-21-2007 90059 005 ***150.00

DOCUMENT # P01000119017			
1. Entity Name AIMS COMMUNICATIONS, INC.			
Principal Place of Business 10097 CLEARY BLVD SUITE # 202 PLANTATION, FL 33324		Mailing Address 10097 CLEARY BLVD SUITE # 202 PLANTATION, FL 33324	
2. Principal Place of Business - No P.O. Box # 8220 State Rd 84		3. Mailing Address 8220 State Rd 84	
Suite, Apt. #, etc. 208		Suite, Apt. #, etc. 208	
City & State Davie, FL		City & State Davie, FL	
Zip 33324	Country	Zip 33324	Country
6. Name and Address of Current Registered Agent RAMOS, CARMEN 10911 NE 2ND AVE SUITE 3 MIAMI, FL 33161		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MALDONADO, GEORGE 10642 NW 1 COURT PLANTATION, FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MALDONADO, IRMA 10642 NW 1 COURT PLANTATION, FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Irma Maldonado</i>		5/15/07 9549157221	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

Sorry for the delay. I never received the forms via mail. Please wait the penalty. Thanks Irma Sm