


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000042911	
1. Entity Name AOI SERVICES, INC.	

Principal Place of Business 2637 E. ATLANTIC BLVD., PMB 132 POMPANO BCH, FL 33062	Mailing Address 2637 E. ATLANTIC BLVD., PMB 132 POMPANO BCH, FL 33062
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DO NOT WRITE IN THIS SPACE



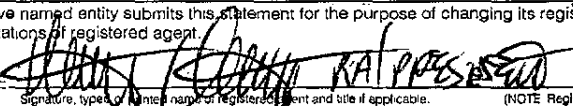
05032005 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0672529	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent OBRAKTA, MICHAEL 2637 E. ATLANTIC BLVD., PMB 132 POMPANO BCH, FL 33062

**DO NOT WRITE
IN THIS SPACE**

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:  05-03-2005

(NOTE Registered Agent signature required when reinstating)

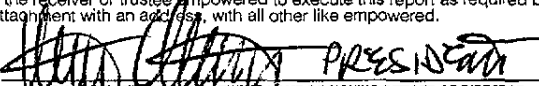
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P OBRAKTA, MICHAEL 2637 E. ATLANTIC BLVD., PMB 132 POMPANO BCH, FL 33062
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U00000362617
05/05/05-80125-015 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  05-03-05 754.224.1892

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #