


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000053826
 1. Entity Name
 AOKI INCORPORATED



Principal Place of Business 1387 N KILLIAN DR LAKE PARK, FL 33403-1943	Mailing Address 1387 N KILLIAN DR LAKE PARK, FL 33403-1943
------------------------------------------------------------------------------	------------------------------------------------------------------



01192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0452613	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ARNONE, RICHARD
 1387 NORTH KILLIAN DRIVE
 WEST PALM BEACH, FL 33403

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

000000190316
 01/24/05-80125-024 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D O'DWYER, WILLIAM 1387 N KILLIAN DR LAKE PARK, FL 334031943
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KAYLOR, RONALD 1387 N KILLIAN DR LAKE PARK, FL 334031943
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ARNONE, RICHARD 1387 N KILLIAN DR LAKE PARK, FL 334031943
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EVANS, MICHAEL 1387 N KILLIAN DR LAKE PARK, FL 334031943
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE 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: R. Arnone **Jan 20, 2005** **561-881-1550**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #