



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # P02000053826	
1. Entity Name AOKE 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
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DO NOT WRITE IN THIS SPACE

	
02292008	No Chg-P
CR2E034 (11/05)	
4. FEI Number 03-0452613	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

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.

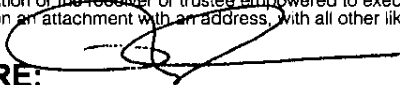
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000844789 03/13/08-80013-005 150.00
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10. OFFICERS AND DIRECTORS	
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	D O'DWYER, SEAN 1387 NORTH KILLIAN DR WEST PALM BEACH, FL 334031943
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'DWYER, WILLIAM C 1387 NORTH KILLIAN DR WEST PALM BEACH, 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 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:  **R. ARNONE** **FEB 29, 2008** **561-881-1550**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #