

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90082 023 \*\*\*150.00

**DOCUMENT # P02000068856**

1. Entity Name

**AIDA HOLDINGS INC.**

Principal Place of Business  
**c/o Jose A. Rodriguez, Esq.**

Mailing Address  
**c/o Jose A. Rodriguez, Esq.**

2. Principal Place of Business  
**100 SE 2<sup>nd</sup> Street**

3. Mailing Address  
**100 SE 2<sup>nd</sup> Street**

Suite, Apt. #, etc.  
**Suite 2900**

Suite, Apt. #, etc.  
**Suite 2900**

City & State  
**Miami, FL**

City & State  
**Miami, FL**

4. FEI Number  
**47-0873381**

Applied For  
☐ Not Applicable

Zip  
**33131**

Country  
**US**

Zip  
**33131**

Country  
**US**

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and address of New Registered Agent

Name

**Jose A. Rodriguez, Esq.**

Street Address (P.O. Box Number is Not Acceptable)

**100 S.E. Second Street**

**Suite 2900**

City

**Miami**

**FL**

Zip

**33131**

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.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$150.00  
DUE BY MAY 1, 2005**

**Make Check Payable to  
Florida Department of State**

9. MANAGING MEMBERS/ MEMBERS

10. ADDITIONS/ CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
**DP** ☐ Delete  
**Issa, Carlos S**  
**150 Alhambra Circle, Suite 1270**  
**Coral Gables, FL 33134**

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
**DP** ☒ Change ☐ Addition  
**Issa, Carlos S**  
**100 SE 2<sup>nd</sup> Street, Suite 2900**  
**Miami, FL 33131**

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
**DVP** ☐ Delete  
**De Issa, Rita Juana M**  
**150 Alhambra Circle, Suite 1270**  
**Coral Gables, FL 33134**

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
**DVP** ☒ Change ☐ Addition  
**De Issa, Rita Juana M**  
**100 SE 2<sup>nd</sup> Street, Suite 2900**  
**Miami, FL 33131**

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
**S** ☐ Delete  
**Issa, Carolina Mana**  
**150 Alhambra Circle, Suite 1270**  
**Coral Gables, FL 33134**

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
**S** ☒ Change ☐ Addition  
**Issa, Carolina Mana**  
**100 SE 2<sup>nd</sup> Street, Suite 2900**  
**Miami, FL 33131**

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
**T** ☐ Delete  
**Issa, Ana Laura**  
**150 Alhambra Circle, Suite 1270**  
**Coral Gables, FL 33134**

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
**T** ☒ Change ☐ Addition  
**Issa, Ana Laura**  
**100 SE 2<sup>nd</sup> Street, Suite 2900**  
**Miami, FL 33131**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-1-05 305 423 3426