

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P02000120129</b>			
1. Entity Name <b>AOA ASSOCIATES, INC.</b>			
Principal Place of Business 1031 NE IVES DAIRY ROAD STE 228 MIAMI, FL 33179		Mailing Address 1031 NE IVES DAIRY ROAD STE 228 MIAMI, FL 33179	
2. Principal Place of Business 1031 NE Ives Dairy Rd Ste. 228 Miami, FL		3. Mailing Address P.O. Box 644144 Miami FL Miami FL	
City & State Miami, FL		City & State Miami FL	
Zip 33179		Zip 33269-4144	
Country Miami-Dade		Country Miami-Dade	
4. Name and Address of Current Registered Agent <b>AKPODIETE, ALEXANDER O</b> 1031 NE IVES DAIRY ROAD STE 228 MIAMI, FL 33179		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		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: 4/21/03	
Signature, within principal name of registered agent and title (optional)		DATE	
9. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input checked="" type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME <b>AKPODIETE, ALEXANDER O</b>	NAME <b>Senr. Vice President</b>		
STREET ADDRESS 1031 NE IVES DAIRY ROAD STE 228	STREET ADDRESS 1031 NE Ives Dairy Rd, Ste 228		
CITY-STATE-ZIP MIAMI, FL 33179	CITY-STATE-ZIP MIAMI FL 33179		
TITLE <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NAME		
STREET ADDRESS	STREET ADDRESS		
CITY-STATE-ZIP	CITY-STATE-ZIP		
TITLE <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NAME		
STREET ADDRESS	STREET ADDRESS		
CITY-STATE-ZIP	CITY-STATE-ZIP		
TITLE <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NAME		
STREET ADDRESS	STREET ADDRESS		
CITY-STATE-ZIP	CITY-STATE-ZIP		
TITLE <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NAME		
STREET ADDRESS	STREET ADDRESS		
CITY-STATE-ZIP	CITY-STATE-ZIP		
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 superior filing 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 507, Florida Statutes; and that my name appears in block 10 or Block 11 if changed, or on an attachment with an address only if otherwise empowered.			
SIGNATURE: 		DATE: 4/21/03	
Signature and Title or Print Name of Signing Officer or Director		DATE	

**55041244**



CHECK HERE IF MAKING CHANGES

4. FEI Number: 02-0650769 Applied For:  Not Applicable

5. Certificate of Status Desired:  \$175 Additional Fee Required

4/21/03

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

CSRECC04 (10/02)

954-274-6886