

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000078216 1. Entity Name AIL INVESTMENTS, INC.	
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Principal Place of Business 13221 S.W. 25 STREET MIAMI, FL 33175	Mailing Address 13221 S.W. 25 STREET MIAMI, FL 33175
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DO NOT WRITE IN THIS SPACE



03062006 No Chg-P CRZE034 (11/05)

4. FEI Number 54-2119909	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FIGUERAS, JUAN E ESQ
7050 S.W. 86 AVENUE
MIAMI, FL 33143

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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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUIS, RENE 13221 SW 25 STREET MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST LUIS, IVETTE 13221 S.W. 25 STREET MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUIS, CARLOS 13221 S.W. 25 STREET MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *[Signature]* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #