


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90033 011 ***158.75

DOCUMENT # P05000057948		
1. Entity Name BIEN-AIME, INC.		

Principal Place of Business P.O. BOX 5902 FORT LAUDERDALE, FL 33310 US	Mailing Address P.O. BOX 5902 FORT LAUDERDALE, FL 33310 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2851-2 E. ARAGON BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State SUNRISE FL.	
Zip	Country	Zip	Country
		33313	US



01122007 Chg-P CR2E034 (12/06)

4. FEI Number 20-2714010		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BIEN-AIME, ARMILIO 2851-2 E ARAGON BOULEVARD SUNRISE, FL 33313		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL 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 **ARMILIO BIEN-AIME** (NOTE: Registered Agent signature required when reinstating) DATE **1/23/07**

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BIEN-AIME, ARMILIO 2851-2 E ARAGON BOULEVARD SUNRISE, FL 33313 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **ARMILIO BIEN-AIME** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE **1/23/07** Daytime Phone #