

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000010066

FILED  
May 12, 2004  
Secretary of State

Entity Name: AARON ALEXIS CORPORATION

## Current Principal Place of Business:

1865 SOUTH OCEAN DR.  
#5M  
HALLANDALE, FL 33009 US

## Current Mailing Address:

1865 SOUTH OCEAN DR.  
#5M  
HALLANDALE, FL 33009 US

## New Principal Place of Business:

1865 SOUTH OCEAN DR.  
#5M  
HALLANDALE BEACH, FL 330097609 US

## New Mailing Address:

1865 SOUTH OCEAN DR.  
#5M  
HALLANDALE BEACH, FL 330097609 US

FEI Number: 65-0374172

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

EICOFF, WILLIAM  
1865 S OCEAN DR  
5M  
HALLANDALE, FL 33009 US

## Name and Address of New Registered Agent:

EICOFF, WILLIAM S PRES.  
1865 S OCEAN DR  
#5M  
HALLANDALE BEACH, FL 33009 US

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: WILLIAM S. EICOFF

05/12/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: PTCE ( ) Delete  
Name: EICOFF, WILLIAM  
Address: 1865 S OCEAN DR., #5-M  
City-St-Zip: HALLANDALE, FL 33009 US

Title: VP ( ) Delete  
Name: SNYDER, ALEXIS  
Address: 699 BOUNTY DRIVE  
City-St-Zip: FOSTER CITY, CA 94404

Title: EVS ( ) Delete  
Name: ROBBINS, KATHLEEN  
Address: 1865 S OCEAN DR., #5-M  
City-St-Zip: HALLANDALE, FL 33009 US

Title: VD ( ) Delete  
Name: EICOFF, AARON P  
Address: 246 RICE AVE  
City-St-Zip: STATEN ISLAND, NY 10314

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIEM S. EICOFF

PRES

05/12/2004

Electronic Signature of Signing Officer or Director

Date