


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000053609 1. Entity Name AIMIS CO.	
---	---

Principal Place of Business 3375 N COUNTRY CLUB DR, 103 N MIAMI BEACH, FL 33180	Mailing Address 3375 N COUNTRY CLUB DR, 103 N MIAMI BEACH, FL 33180
---	---



02112005 No Chg-P CR2E034 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
---------------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---

6. Name and Address of Current Registered Agent AIMIS, HELEN 3375 N COUNTRY CLUB DR, 103 N MIAMI BEACH, FL 33180
--

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)
Signature, typed or printed name of registered agent and title if applicable

000000243951
02/26/05 00001 005 150.00
DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D AIMIS, HELEN 3375 N COUNTRY CLUB DR, 103 N MIAMI BEACH, FL 33180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FARROW, PENNY 3375 N COUNTRY CLUB DR #103 MIAMI, FL 33180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D AIMIS, PAUL 3375 N. COUNTRY CLUB DR. #103 MIAMI, FL 33180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date _____	Daytime Phone # _____
--	------------	-----------------------