


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000053604 1. Entity Name AIA DISPLAYS CORPORATION	
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Principal Place of Business 355 N.E. 79TH STREET MIAMI, FL 33138	Mailing Address 355 N.E. 79TH STREET MIAMI, FL 33138
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DO NOT WRITE IN THIS SPACE



01192005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0679059	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KNIGIN, IRA 8965 N.E. 10TH AVENUE MIAMI, FL 33138	DO NOT WRITE IN THIS SPACE
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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 _____
Signature of the person submitting this statement for filing. If the filer is a corporation, the filer must be an officer or director of the corporation. If the filer is an individual, the filer must be the registered agent of the corporation.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00	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	
TITLE NAME STREET ADDRESS CITY ST ZIP	D KNIGIN, IRA 8965 N.E. 10TH AVENUE MIAMI, FL 33138
TITLE NAME STREET ADDRESS CITY ST ZIP	D KNIGIN, PAULA 355 N.E. 79TH AVENUE MIAMI, FL 33138
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04/16/05-80002-022 158.75

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: P. Knigin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR