


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90426 010 \*\*\*150.00

DOCUMENT # P98000000510			
1. Entity Name AIDA PROPERTIES CORP.			
Principal Place of Business 1426 SE 44TH STREET CAPE CORAL, FL 33904		Mailing Address P.O. BOX 1508 CAPE CORAL, FL 33910	
2. Principal Place of Business		3. Mailing Address <i>P.O. Box 101508</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>Cape Coral, FL</i>	
Zip	Country	Zip <i>33910-1508</i>	Country <i>USA</i>
-6- Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
NEELD, ROBERT M 1426 SE 44TH STREET CAPE CORAL, FL 33914		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD NEELD, ROBERT M 1426 SE 44TH ST. CAPE CORAL, FL 33904 <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: <i>Robert M. Neeld</i>		25 Apr 06 239-3399-9588	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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04252006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0920586 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required