

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000894

Entity Name: AID INTERNATIONAL, INC.**Current Principal Place of Business:**1151 IVANHOE ST NW
PALM BAY
PALM BAY, FL 32907**Current Mailing Address:**P.O BOX 220691
WEST PALM BEACH, FL 33422 US**FEI Number:** 75-3085395**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ALIX, MARLAINE G
1151 IVANHOE ST NW
PALM BAY
FL - FLORIDA, FL 32907 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PD
Name	ALIX, MARIE MARLAINE
Address	1151 IVANHOE ST NW PALM BAY
City-State-Zip:	FL - FLORIDA FL 32907

Title	D
Name	MEME, JEAN BAPTISTE
Address	300 NW 135TH STREET
City-State-Zip:	MIAMI FL 33168

Title	DIRECTOR
Name	VICTOME, ROBERT DR.
Address	4569 HUNTING TRAIL
City-State-Zip:	LAKE WORTH FL 33463

Title	DIRECTOR
Name	MURPHY, CHER
Address	2602 N 71ST. STREET
City-State-Zip:	SCOTTSDALE AZ 85257

Title	D
Name	CELESTIN, MARQUELY
Address	1070 BIGTORCH ST
City-State-Zip:	WEST PALM BEACH FL 33407

Title	VP
Name	ALIX, RUTH VANESSA
Address	2521 DUNBARTON DRIVE
City-State-Zip:	GLENN HEIGHTS FL 75154

Title	DIRECTOR
Name	SOMMERS, CATHY
Address	40 BATTERY STREET APT 106
City-State-Zip:	BOSTON MA 02109

Title	DIRECTOR
Name	MORALES, YURITZA
Address	1422 ASHVIEW CIRCLE
City-State-Zip:	DALLAS TX 75217

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I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARIE MARLAINE G ALIX**PRESIDENT****04/28/2023**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	CINE ULYSSE, STEPHANA
Address	4575 WENHART RD
City-State-Zip:	LAKE WORTH FL 33463