


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 31, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 422829**

1. Entity Name  
**ALYRUK INTERNATIONAL CORPORATION**



Principal Place of Business      Mailing Address

**C/O CHARLES M SALAS ATTORNEYS & COUNSEL  
 2809 BIRD AVENUE, SUITE 272  
 MIAMI, FL 33133-4604**

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 MIAMI, FL 33133-4604**



03062006    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**59-1454602**      Not Applicable

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

6. Name and Address of Current Registered Agent

**KURLA, M.A.  
 2801 EMATHLA STREET  
 MIAMI, FL 33133**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD KURLA, MICHAEL A 2801 EMATHLA STREET MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SALAS, C M 2809 BIRD AVE., #272 COCONUT GROVE, FL. 0,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KURLA, HELEN M 2801 EMATHLA STREET MIAMI, FL 33133
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 04/13/06-80045-011 150.00

**DO NOT WRITE IN THIS SPACE**

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: **X** *M.A. Kurla* **M.A. Kurla**      **X**      **3/29/06**      **705-576-983**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #