

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 509700

Entity Name: ALJOMA LUMBER, INC.

FILED
Feb 15, 2005
Secretary of State

Current Principal Place of Business:

10300 NW 121 WAY
MEDLEY, FL 33178

New Principal Place of Business:

Current Mailing Address:

10300 NW 121 WAY
MEDLEY, FL 33178

New Mailing Address:

FEI Number: 59-1682313

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAMAS, JOSE A.
10300 NW 121 WAY
MEDLEY, FL 33178 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FERNANDEZ, ALBERTO V
Address: 2029 SW 57TH COURT
City-St-Zip: MIAMI, FL

Title: T () Delete
Name: SHOJAE, MARIA G
Address: 7111 LAGO DRIVE E.
City-St-Zip: CORAL GABLES, FL

Title: CFOD () Delete
Name: FLINN, DAVID L
Address: 1717 N. BAYSHRE DR. 1231
City-St-Zip: MIAMI, FL 33132

Title: S () Delete
Name: LAMAS, ALEJANDRA A
Address: 174 ISLA DORADA BLVD
City-St-Zip: CORAL GABLES, FL 33143

Title: CEOD () Delete
Name: LAMAS, JOSE A
Address: 336 COSTA BRAVA COURT
City-St-Zip: CORAL GABLES, FL 33143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: SHOJAE, MARIA G
Address: 10300 N. W. 121 WAY
City-St-Zip: MEDLEY, FL 33178

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: LAMAS, ALEJANDRA A
Address: 10300 N. W. 121 WAY
City-St-Zip: MEDLEY, FL 33178

Title: CEOD (X) Change () Addition
Name: LAMAS, JOSE A
Address: 10300 N. W. 121 WAY
City-St-Zip: MEDLEY, FL 33178

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID L FLINN

Electronic Signature of Signing Officer or Director

CFOD

02/15/2005

_____ Date