

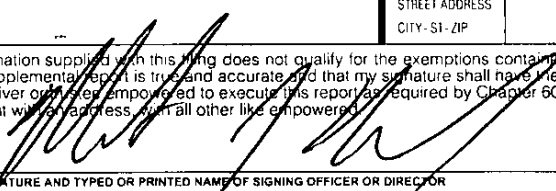


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90083 008 ***150.00

DOCUMENT # 509700					
1. Entity Name ALJOMA LUMBER, INC.					
Principal Place of Business 10300 NW 121 WAY MEDLEY, FL 33178			Mailing Address 10300 NW 121 WAY MEDLEY, FL 33178		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent LAMAS, JOSE A 10300 NW 121 WAY MEDLEY, FL 33178				7. Name and Address of New Registered Agent Name Peters, Allen T. Street Address (P.O. Box Number is Not Acceptable) 10300 NW 121 Way City Medley FL Zip Code 33178	
8. The above named entity is the owner of the office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of the registered agent.					
SIGNATURE 				DATE 3/29/07	
Signature, typed or printed name of registered agent (also use if applicable)				(NOTE: Registered Agent signature required when re-registering)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	PD FERNANDEZ, ALBERTO V 2029 SW 57TH COURT MIAMI, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Glenn, Michael B. 2801 East Beltline NE Grand Rapids, MI 49525	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHOJAEI, MARIA G 10300 N. W. 121 WAY MEDLEY, FL 33178	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Cole, Michael R. 2801 East Beltline NE Grand Rapids, MI 49525	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOD FLINN, DAVID L 1717 N. BAYSHRE DR. 1231 MIAMI, FL 33132	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Greene, Charles Scott 5200 Hwy. 138, Ste. 200 Union City, GA 30291	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAMAS, ALEJANDRA A 10300 N. W. 121 WAY MEDLEY, FL 33178	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Missad, Matthew J. 2801 East Beltline NE Grand Rapids, MI 49525	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD LAMAS, JOSE A 10300 N. W. 121 WAY MEDLEY, FL 33178	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, but all other like empowered.					
SIGNATURE: 				Date 3/29/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	