


2007 FOR PROFIT CORPORATION ANNUAL REPORT

04-30-2007 90386 047 ***150.00
509700

DOCUMENT # 509700
1. Entity Name
ALJOMA LUMBER, INC.



FILED
MAY -3 PM 3:58
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
10300 NW 121 WAY 10300 NW 121 WAY
MEDLEY, FL 33178 MEDLEY, FL 33178

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
2801 E. Beltline, NE



04162007 Chg-P CR2E034 (12/06)

City & State City & State
Grand Rapids, MI

4. FEI Number Applied For
59-1682313 Not Applicable

Zip Country Zip Country
49525 U.S.

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

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: Allen Peters
Street Address (P.O. Box Number is Not Acceptable): 10300 NW 121 Way,
City: Medley FL Zip Code: 33178

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: Allen Peters Allen Peters DATE: 4/17/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May-1, 2007 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	PD FERNANDEZ, ALBERTO V 2029 SW 57TH COURT MIAMI, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHOJAE, MARIA G 10300 N. W. 121 WAY MEDLEY, FL 33178	<input checked="" type="checkbox"/> Delete
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	S LAMAS, ALEJANDRA A 10300 N. W. 121 WAY MEDLEY, FL 33178	<input checked="" type="checkbox"/> Delete
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"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Charles S. Greene 5200 Hwy 138 Union City, GA 30291	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Michael R. Cole 2801 E. Beltline NE Grand Rapids, MI 49525	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary + Director Matthew S. Mizzard 2801 E Beltline NE Grand Rapids, MI 49525	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> 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, with all other like empowered.

SIGNATURE: Michael R. Cole Michael R. Cole DATE: 4/17/07 DAYTIME PHONE #: 616-364-6161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR