


**2005 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000062959 1. Entity Name ALOEVIN CORPORATION	
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Principal Place of Business 208 ALEXANDRA WOODS DR. DEBARY, FL 32713	Mailing Address 208 ALEXANDRA WOODS DR. DEBARY, FL 32713
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01132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2368761	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent BROCCO, MATTHEW 106 COMMUNITY DRIVE DEBARY, FL 32713	DO NOT WRITE IN THIS SPACE
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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 *Matthew Brocco* *Matthew Brocco* *1/19/05*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	P HELMAN, IRA 208 ALEXANDRA WOODS DR. DEBARY, FL 32713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BROCCO, MATTHEW 106 COMMUNITY DR. DEBARY, FL 32713
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01/24/05-80163-007 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Matthew Brocco* *Matthew Brocco* *1/19/05* *386-668-1124*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #