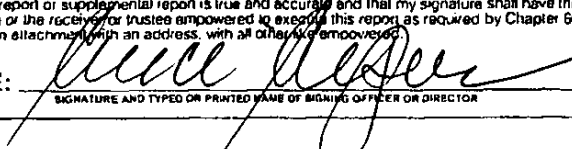


FILED
Jun 18, 2007 8:00 am
Secretary of State

6/5.

06-05-2007 90012 024 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000101291			
1. Entity Name ALIMAD PROPERTIES, INC.			
Principal Place of Business 5172 FLORIA DRIVE #H BOYNTON BEACH, FL 33437		Mailing Address 5172 FLORIA DRIVE #H BOYNTON BEACH, FL 33437	
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
4. FEI Number 34-2003378		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NANCY E. CROWN, P.A. 7301 WEST PALMETTO PARK ROAD SUITE 101-A BOCA RATON, FL 33433		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-signing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	P ALPER, ALICE 5172 FLORIA DRIVE, #H BOYNTON BEACH, FL 33437 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DISIMILE, MARY-ANNE 22 RIVER TERRACE, APT. 15G NEW YORK, NY 10282 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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: 		6/7/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

166019243
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Transaction Details

6/7/07

Check - 0000000543

Online Banking

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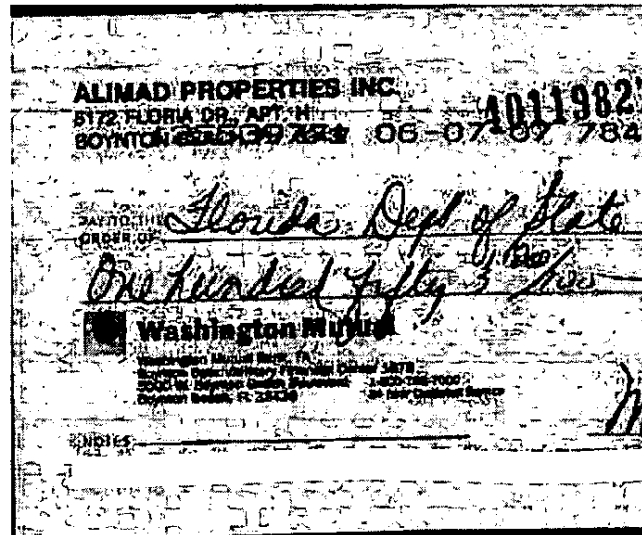
- [Zoom In](#) 100%
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- [→ Front](#)
- [Back](#)
- [Front & Back](#)

Signatures:

- [Front \(Signer\)](#)
- [Back \(Endorser\)](#)



Transaction Type: Check

Account: FREE BUSINESS CHECKING/*****3379

Posting Date: 06/07/2007

Amount: \$150.00

Check Number: 543

Transaction Number: 1070-6071-0001-2553-9771

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P04000101291

Deposits are accepted by Washington Mutual Bank (WMB) and Washington Mutual Bank fsb and are FDIC insured.

Commercial Capital Bank, FSB (CCB) has merged into WMB and as a result, their deposits will be combined for FDIC insurance purposes. For an interim period, WMB will operate under the name of CCB as well as the name of WMB, but WMB cannot currently provide service on CCB accounts and CCB cannot currently provide service on WMB accounts.

