2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 03, 2006 8:00 am Secretary of State

ANNOAL ILLI OILI					Secretary or State				
DOCUMENT # P05000083939 1. Entity Name ALDAR INC.					04-03-2006 90387 032 ***150.00				
Principal Place of Business Mailing Address					ესიაეეი				
2801 FLORIDA AVE.		2801 FLORIDA AVE.							
MIAMI, FL 33		MIAMI, FL 33133							
111111111111111111111111111111111111111	3.00							··· · · · · · · · · · · · · · · · · ·	
2. Principal P	3. Mailing Address	-							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03242006	Chg-P	CR2E0	34 (11/05)		
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City & State		City & State		4, FEI Number	30-0108	3981		plied For Applicable	
		Zip Country				00 0200			
Zip	Country	Zip	Count	ry. == = =	5. Certificate of	f Status Desired		\$8:75 Add Fee Required	
	C Name and Address of Comment	Paglatared Agent	·		7 Name and	Address of New I			
6. Name and Address of Current Registered Agent				Name	1. Name and)	1001033 01 11017	rogisto.ou /	- Agoin	
ALONSO, JUAN M.									
2801 FLORIDA AVE.			Street Address (P.O. Box Number is Not Acceptable)						
MIAMI, FL 33133			1						
				City			FL	Zip Code	3
								7 37 34	
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									and accept
the obligations of registered agent.									
SIGNATURE									
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered	d Agent signature require	d when reinstating)		DATE		***********
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.					.00 May Be led to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/0	CHANGES TO OF	FICERS AND	DIRECTORS	S IN 11
TITLE	DPS Delete		TITLE					Change	Addition
NAME	ALONSO, JUAN M.		NAM	E					
STREET ADDRESS	2801 FLORIDA AVE.		STRE	ET ADDRESS					
CITY-ST-ZIP	MIAMI, FL 33133		CITY	-ST-ZIP					
TITLE	☐ Delete		TITLE					Change	Addition
NAME	· •		NAM	E					
STREET ADDRESS			STRE	ET ADDRESS					
CITY-ST-Z!P	· ·		CITY	-\$T-ZIP					
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NAME			NAM	Œ					
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CITY-ST-ZIP			CITY	- ST-ZIP			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
TITLE		☐ Delete	TITL	E				☐ Change	☐ Addition
NAME			NAM	ie					
STREET ADDRESS	1		STRE	EET ADDRESS					
CITY-ST-ZIP			CITY	'-\$T-ZIP					
12. I hereby	certify that the information supplied wit	h this filing does not qualify fo	or the ex	emptions containe	d in Chapter 119	Florida Statutes	. I further ce	rtify that the i	ntormation
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inducated on this report or supplemental report is true and accurate and mat 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 of 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: 🗹

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #