


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2006 8:00 am
Secretary of State

05-17-2006 90017 001 ***150.00

DOCUMENT # P03000021499

1. Entity Name
ALESMAR ENTERPRISES, INC.



Principal Place of Business Mailing Address

7743 SW 86TH ST #D229 7743 SW 86TH ST #D229
 MIAMI, FL 33143 MIAMI, FL 33143

DO NOT WRITE IN THIS SPACE



02252006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For

38-0159209 Not Applicable

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

6. Name and Address of Current Registered Agent

ESCOBAR, ALBERTO
 7743 SW 86TH ST #D229
 MIAMI, FL 33143

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required 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. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ESCOBAR, ALBERTO
STREET ADDRESS	7743 SW 86TH ST #D229
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	V
NAME	SANCHEZ, MELIDA
STREET ADDRESS	7743 SW 86TH ST #D229
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 to an address, with all other like empowered.

SIGNATURE: _____ 02-25-06 (305) 279-3459

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

MAR-25-2003 13:12

ATTACHMENT
40092950

PO 3000021499
F.01/01

SS-4

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, Indian tribal entities, certain individuals, and others.)

EN-30-0159209

(Rev. December 2001)
Department of the Treasury
Internal Revenue Service

See separate instructions for each line. Keep a copy for your records.

OMB No. 1545-0047

1 Legal name of entity (or individual) for which EIN is being requested
ALESMAR ENTERPRISES, INC.

2 Trade name of business (if different from name on line 1)

3 Employer (check one)
 Sole proprietor (SSAN)
 Partnership
 Corporation (enter form number to be filed) = **1120**
 Personal service corporation
 Church or church-controlled organization
 Other nonprofit organization (specify) =
 Other (specify) =

4a Mailing address (street, apartment, suite number, and street or P.O. box)
7743 SW 86TH ST #0229

4b Street address of office (do not enter a P.O. box)
SAME AS ABOVE

5a City
MIAMI

5b State ZIP Code
FL 33143

5c City
MIAMI

5d State ZIP Code
FL 33143

6 County and state where principal business is located
MIAMI DADE / FLORIDA

7a Name of principal officer, general partner, partner, owner, or trustee
ALBERTO ESCOBAR / DOB: 02/28/1945

7b EIN, TIN, or EIN
982-60-9872

8a Type of entity (check only one box)
 Estate (SSN of decedent)
 Trust administrator (SSN)
 Trust (SSN of grantor)
 National Guard
 Farmers cooperative
 REMIC
 State/local government
 Federal government (agency)
 Indian tribal government/emergency
Group Exemption Number (GEM) =

8b If a corporation, name the state or foreign country (if applicable) where incorporated
FLORIDA

9 Reason for applying (check only one box)
 Started new business (specify type) =
 Hired employees (check the box and see line 12)
 Compliance with IRS withholding regulations
 Other (specify) =
 Banking purpose (specify purpose) =
 Changed type of organization (specify old type) =
 Purchased going business
 Created a trust (specify type) =
 Created a pension plan (specify type) =

10 Date business started or acquired (month, day, year)
02/21/03

11 Closing month of accounting year
DECEMBER 31

12 First date wages or salaries were paid or will be paid (month, day, year). State if applicant is a withholding agent; enter date wages will first be paid to contractor, when (month, day, year)
07/01/03

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter 0.
Agricultural: **0** Nonagricultural: **0** Other: **0**

14 Check one box that best describes the principal activity of your business.
 Construction
 Rental & leasing
 Transportation & warehousing
 Real estate
 Manufacturing
 Finance & insurance
 Health care & social assistance
 Accommodation & food services
 Wholesale-retail trade
 Retail trade
 Other (specify):

15 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.
BOOKS AND EQUIPMENT RETAIL

15a Has the applicant ever applied for an employer identification number for this or any other business?
Yes No

15b If you checked "Yes" on line 15a, give applicant's legal name & trade name shown on prior application, if different from line 1 or 2 above.
Legal name =
Trade name =

16a Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.
Approximate date when filed (month, day, year):
City and state where filed:
Previous EIN:

16b Complete the section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.
Third Party Designee:
Designee's name: **VIRGINIA M DISLA**
Address (no ZIP code): **17600 NW 186TH AVE WA, MIAMI FL 33015**
Telephone number (include area code): **(305) 817-0814**
Signature for taxpayer (include area code): **(305) 817-0815**
Applicant's telephone number (include area code): **(786) 488-1598**
Signature for applicant (include area code): **(305) 817-0815**

17 Name and title (include print name): **ALBERTO ESCOBAR / PRESIDENT**

18 Signature: _____ Date: **02/24/03**

For Privacy and Paperwork Reduction Act Notice, see separate instructions.

Form 9722

Form SS-4 (Rev. 12-2001)