


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90031 042 ***150.00

DOCUMENT # P03000020161					
1. Entity Name ALINAT, INC.					
Principal Place of Business 9200 S DADELAND BLVD STE 517 MIAMI, FL 33156			Mailing Address 9200 S DADELAND BLVD STE 517 MIAMI, FL 33156		
2. Principal Place of Business - No P.O. Box # 9500 S. Dadeland Blvd.			3. Mailing Address 9500 S. Dadeland Blvd.		
Suite, Apt. #, etc. #703			Suite, Apt. #, etc. #703		
City & State Miami, FL			City & State Miami, FL		
Zip 33156		Country USA		Zip 33156	
		Country USA		4. FEI Number 03-0512596	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KAPLAN, LINDA M 9200 S DADELAND BLVD STE 517 MIAMI, FL 33156			LINDA M. KAPLAN 9500 S. DADELAND BLVD SUITE 703 MIAMI, FL 33156		
			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PTD ANZOLA, LEOPOLDO T 3350 SW 148 AVE SUITE 110 MIRAMAR, FL 33027 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12520 SW 15th Manor Davie, FL 33325	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD <input checked="" type="checkbox"/> Delete ANZOIA, LEOPOLDO G 3350 SW 148 AVE SUITE 110 HOLLYWOOD, FL 33027		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTSD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ANZOLA, Natalia 12520 SW 15th Manor Davie, FL 33325	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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: _____			March 24/2008		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

40053483

