


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 422829</b>	
1. Entity Name <b>ALYRUK INTERNATIONAL CORPORATION</b>	

Principal Place of Business <b>C/O CHARLES M SALAS ATTORNEYS &amp; COUNSEL 2809 BIRD AVENUE, SUITE 272 MIAMI, FL 33133-4604</b>	Mailing Address <b>C/O CHARLES M SALAS ATTORNEYS &amp; COUNSEL 2809 BIRD AVENUE, SUITE 272 MIAMI, FL 33133-4604</b>
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03112008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1454602</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**KURLA, M.A.  
2801 EMATHLA STREET  
MIAMI, FL 33133**

**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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE <b>PTD</b>	<b>KURLA, MICHAEL A</b>
NAME	<b>2801 EMATHLA STREET</b>
STREET ADDRESS	<b>MIAMI, FL 33133</b>
CITY - ST - ZIP	
TITLE <b>S</b>	<b>SALAS, C M</b>
NAME	<b>2809 BIRD AVE., #272</b>
STREET ADDRESS	<b>COCONUT GROVE, FL. 0.</b>
CITY - ST - ZIP	
TITLE <b>VP</b>	<b>KURLA, HELEN M</b>
NAME	<b>2801 EMATHLA STREET</b>
STREET ADDRESS	<b>MIAMI, FL 33133</b>
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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04/14/08-80032-014 150.00

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: X *Michael A Kurla* M.A. Kurla X *3/31/08*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #