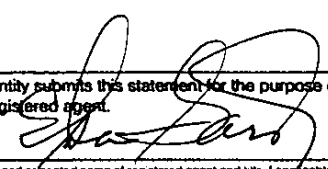
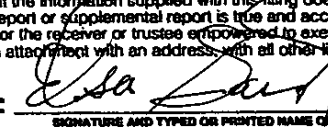


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90312 028 ***150.00

DOCUMENT # 659615 1. Entity Name ALEAND GROUP, INC.					
Principal Place of Business 6970 S.W. 87TH AVENUE, #108 MIAMI, FL 33173 US			Mailing Address 6970 S.W. 87TH AVENUE, #108 MIAMI, FL 33173 US		
2. Principal Place of Business 19495 Biscayne Blvd Suite, Apt. #, etc. 410			3. Mailing Address 19495 Biscayne Blvd. Suite, Apt. #, etc. 410		
City & State Aventura, Fl		City & State Aventura, Fl		4. FEI Number 59-2016714	
Zip 33180		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SARIEL, ELSA 6970 S.W. 87TH AVENUE, #108 MIAMI, FL 33173				7. Name and Address of New Registered Agent Name ELSA SARIEL Street Address (P.O. Box Number is Not Acceptable) 19495 Biscayne Blvd. suite 410 City Aventura FL Zip Code 33180	
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: 				DATE: 4-7-05	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			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 PS	NAME SARIEL, ELSA		TITLE Change	NAME 19495 Biscayne Blvd.	
STREET ADDRESS 6970 S.W. 87TH AVENUE, #108	CITY-ST-ZIP MIAMI, FL 33173		STREET ADDRESS suite 410 Aventura, FL	CITY-ST-ZIP 33180	
TITLE D	NAME RUSSELL, OLGA		TITLE Change	NAME 19495 Biscayne Blvd.	
STREET ADDRESS 77 CRANDON BLVD., 3B	CITY-ST-ZIP KEY BISCAYNE, FL 33149		STREET ADDRESS Aventura, FL	CITY-ST-ZIP 33180	
TITLE Change	NAME Change		TITLE Change	NAME Change	
STREET ADDRESS Change	CITY-ST-ZIP Change		STREET ADDRESS Change	CITY-ST-ZIP Change	
TITLE Change	NAME Change		TITLE Change	NAME Change	
STREET ADDRESS Change	CITY-ST-ZIP Change		STREET ADDRESS Change	CITY-ST-ZIP Change	
TITLE Change	NAME Change		TITLE Change	NAME Change	
STREET ADDRESS Change	CITY-ST-ZIP Change		STREET ADDRESS Change	CITY-ST-ZIP Change	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			April 7 2005 305 933 4130		