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	Mailing Address
6970 S.W. 87TH AVENUE, #108 MIAMI, FL 33173 US	6970 S.W. 87TH AVENUE, #108 MIAMI, FL 33173 US

04112005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
19495 Biscayne blvd	~~19495 Biscayne Blvd.~~
Suite, Apt. #, etc. suite 410	Suite, Apt. #, etc. suite 410
City & State: Aventura, Fl	City & State: Aventura, Fl
Zip: 33180 Country: dade	Zip: 33180 Country: dade

4. FEI Number: 59-2016714 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SARIOL, ELSA
6970 S.W. 87TH AVENUE, #108
MIAMI, FL 33173

7. Name and Address of New Registered Agent

Name: ~~ELSA SARIOL~~
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 ____________ 4-7-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	PS SARIOL, ELSA 6970 S.W. 87TH AVENUE, #108 MIAMI, FL 33173	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 19495 Biscayne Blvd. suite 410 Aventura, Fl33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSSELL, OLGA 77 CRANDON BLVD., 3B KEY BISCAYNE, FL 33149	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition suite 410 19495 Biscayne Blvd. Aventura, Fl 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 (Date) 305 933 4130 (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR