2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State
03-29-2006 90119 007 ***150.00

DOCUMENT # 659615

1. Entity Name
ALEAND GROUP, INC.

Principal Place of Business	Mailing Address
19495 BISCAYNE BLVD, STE 410 MIAMI, FL 33180 US	19495 BISCAYNE BLVD, STE 410 MIAMI, FL 33180 US

03202006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
19410 40TH COURT		SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: SUNNY ISLES BEACH, FL		City & State	
Zip: 33160	Country: US	Zip	Country

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
19495 BISCAYNE BLVD, STE 410
MIAMI, FL 33180

7. Name and Address of New Registered Agent

Name: KENNETH DECKLER
Street Address (P.O. Box Number is Not Acceptable): 19410 40TH CT
City: SUNNY ISLES BEACH FL Zip Code: 33160

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: Kenneth Deckler Kenneth Deckler 3/23/06
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, 2006 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 19495 BISCAYNE BLVD, STE 410 XXXXXXXX AVENTURA, FL 33180	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	19410 40TH CT SUNNY ISLES BEACH, FL	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSSELL, OLGA 19495 BISCAYNE BLVD, STE 410 XXXXXXXX AVENUTURA, FL 33180	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	19410 40TH CT SUNNY ISLES BEACH, FL	☒ Change ☐ Addition
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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 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: Olga Russell OLGA RUSSELL TREAS. MARCH 20 2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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