


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 707773</b> 1. Entity Name ALMAN INC.	
--	---

Principal Place of Business 1100 DIPLOMAT PARKWAY HOLLYWOOD, FL 33019 US	Mailing Address 1100 DIPLOMAT PKWY HOLLYWOOD, FL 33019 US
--	---

**DO NOT WRITE IN THIS SPACE**



01042007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-0999409	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  PLOUCHA, LAWRENCE 1100 DIPLOMAT PKWY HOLLYWOOD, FL 33019
---

**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
--	------------

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WOLF, RICHARD B 3965 EAST 10TH COURT HIALEAH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITESIDE, ERIC 8440 SW 118TH STREET MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ZACKS, JACK 6212 RIVIERA DR. CORAL GABLES, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDSTEIN, STUART A 9350 S. DIXIE HWY. 10TH FLOOR MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PLOUCHA, LAWRENCE 1100 DIPLOMAT PKWY HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HERSCH, RICHARD 1110 BRICKELL AVE PH 1 MIAMI, FL 33131

U00000598704  
01/17/07-80083-019 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 617, 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.

<b>SIGNATURE:</b>  <b>LM PLOUCHA</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>1/4/2007</b> <small>Date</small>	<b>954-925-5501</b> <small>Daytime Phone #</small>
--	--	---