

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008 08:00 AM
Secretary of State

DOCUMENT # 707773

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**



01042008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0999409

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 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**

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01/09/08-80030-004 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LM PLOUCHA

1/8/2008

Date

Daytime Phone #