

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# 707773

Entity Name: ALMAN INC.

Current Principal Place of Business:

1100 DIPLOMAT PARKWAY
HOLLYWOOD, FL 33019 US

New Principal Place of Business:

Current Mailing Address:

1100 DIPLOMAT PKWY
HOLLYWOOD, FL 33019 US

New Mailing Address:

FEI Number: 59-0999409 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PLOUCHA, LAWRENCE
1100 DIPLOMAT PKWY
HOLLYWOOD, FL 33019 US

Name and Address of New Registered Agent:

PLOUCHA, L M ESQ.
100 SE THIRD AVENUE
SUITE 1400
FORT LAUDERDALE, FL 33394 US

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.

SIGNATURE: L.M. PLOUCHA, ESQ. 01/07/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: WOLF, RICHARD B,
Address: 3965 EAST 10TH COURT
City-St-Zip: HIALEAH, FL

Title: D () Delete
Name: WHITESIDE, ERIC
Address: 8440 SW 118TH STREET
City-St-Zip: MIAMI, FL 33156

Title: TD () Delete
Name: ZACKS, JACK
Address: 6212 RIVIERA DR.
City-St-Zip: CORAL GABLES, FL 33186

Title: D () Delete
Name: GOLDSTEIN, STUART A
Address: 9350 S. DIXIE HWY. 10TH FLOOR
City-St-Zip: MIAMI, FL 33156

Title: PD () Delete
Name: PLOUCHA, LAWRENCE,
Address: 1100 DIPLOMAT PKWY
City-St-Zip: HOLLYWOOD, FL 33019

Title: SD () Delete
Name: HERSCH, RICHARD
Address: 1110 BRICKELL AVE PH 1
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: WOLF, RICHARD B,
Address: 623 BILTMORE WAY
City-St-Zip: CORAL GABLES, FL 33134

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: ZACKS, JACK
Address: 6212 RIVIERA DR.
City-St-Zip: CORAL GABLES, FL 33146

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAWRENCE M. PLOUCHA PRES 01/07/2009

Electronic Signature of Signing Officer or Director Date