


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90010 050 \*\*\*158.75

<b>DOCUMENT # F63296</b>		
1. Entity Name <b>ALEMARA CORPORATION</b>		

Principal Place of Business <b>1751 NW 17 ST HOMESTEAD, FL 33030</b>	Mailing Address <b>1751 NW 17 ST HOMESTEAD, FL 33030</b>
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2. Principal Place of Business <b>1121 CRANDON BLVD</b>	3. Mailing Address <b>1121 CRANDON BLVD</b>
Suite, Apt. #, etc. <b>APT F-901</b>	Suite, Apt. #, etc. <b>APT F-901</b>
City & State <b>KEY BISCAYNE, FL</b>	City & State <b>KEY BISCAYNE, FL</b>
Zip <b>33149</b>	Country

03302006 Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2173238</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>ONDARZA, JUAN J 1751 NW 17 ST HOMESTEAD, FL 33030</b>	7. Name and Address of New Registered Agent Name <b>JUAN J. ONDARZA</b> Street Address (P.O. Box Number is Not Acceptable) <b>1121 CRANDON BLVD</b> <b>APT F-901</b> City <b>KEY BISCAYNE</b> FL Zip Code <b>33149</b>
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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 <i>[Signature]</i> DATE <b>3/30/06</b>
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST ONDARZA, JUAN J 1751 NW 17 ST HOMESTEAD, FL 33030 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ONDARZA, ALEJANDRO 1751 NW 17 ST HOMESTEAD, FL 33030 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT MARINA ONDARZA 1121 CRANDON BLVD, APT F-901 KEY BISCAYNE, FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT ADRIANA ONDARZA 798 CRANDON BLVD, # 7 KEY BISCAYNE, FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>[Signature]</i>	3/30/06	305-632-3634
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #