
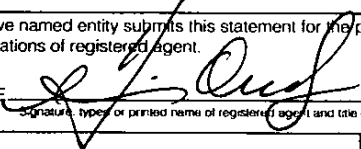
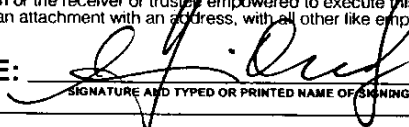


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90016 011 ***150.00

DOCUMENT # F63296 1. Entity Name ALEMARA CORPORATION					
Principal Place of Business 110 WASHINGTON AV APT 2412 MIAMI BEACH, FL 33139			Mailing Address 110 WASHINGTON AV APT 2412 MIAMI BEACH, FL 33139		
2. Principal Place of Business - No P.O. Box # 9 ISLAND AV Suite, Apt. #, etc. APT 1409 City & State MIAMI BEACH, FL Zip 33139 Country U.S.		3. Mailing Address 9 ISLAND AV Suite, Apt. #, etc. APT 1409 City & State MIAMI BEACH, FL Zip 33139 Country U.S.			
4. FEI Number 59-2173238				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ONDARZA, MARINA I 110 WASHINGTON AV APT 2412 MIAMI BEACH, FL 33139			7. Name and Address of New Registered Agent Name ONDARZA, MARINA I Street Address (P.O. Box Number is Not Acceptable) 9 ISLAND AV APT 1409 City MIAMI BEACH FL Zip Code 33139		
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  DATE 2/7/08 <small>(Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	VS ONDARZA, ALEJANDRO J 290 SUNRISE DR, APT 202 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	VS ONDARZA, MARINA I 110 WASHINGTON AV, APT 2412 MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ONDARZA, MARINA I 9 ISLAND AV, APT 1409 MIAMI BEACH, FL 33139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ONDARZA, ADRIANA 798 CRANDON BLVD, APT 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	
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: 			Date 2/07/08 Daytime Phone # 786-281-8025		