

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # H94230**

1. Entity Name  
**ALANIS, INC.**



Principal Place of Business

**7220 NW 36TH ST #429  
MIAMI, FL 33166 US**

Mailing Address

**7220 NW 36TH ST #429  
MIAMI, FL 33166 US**

**DO NOT WRITE IN THIS SPACE**



04032006 No Chg-P CR2E034 (11/05)

4. FEI Number **59-2700926** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**AJAGBE, ADETUTU  
9505 SW 136TH ST.  
MIAMI, FL 33176**

**DO NOT WRITE  
IN THIS SPACE**

6. 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 remaining)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **CPS**  
NAME **AJAGBE, ADETUTU**  
STREET ADDRESS **9505 S.W. 136TH ST.**  
CITY-ST-ZIP **MIAMI, FL 33176**

TITLE  
NAME  
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CITY-ST-ZIP

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U00000497672  
04/22/06-80064-010 150.00

**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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Augustine Ajagbe*

4/6/06

305-593-8233