# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # H94230**

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

| Principal Place of Business | Mailing Address |
|---|---|
| 7220 NW 36TH ST #429<br>MIAMI, FL  33166    US | 7220 NW 36TH ST #429<br>MIAMI, FL  33166    US |

## DO NOT WRITE IN THIS SPACE

07252007     No Chg-P     CR2E034 (11/05)

| 4. FEI Number | Applied For |
|---|---|
| 59-2700926 | 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

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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_____

Signature, typed or printed name of registered agent and title if applicable.     (NOTE Registered Agent signature required when reinstating)     DATE

| **FILE NOW!!!  FEE IS $550.00**<br>**Due by September 14, 2007** | **9.** Election Campaign Financing Trust Fund Contribution. ☐ | **$5.00** May Be Added to Fees |
|---|---|---|

0000000773934
08/28707-90009-023  550.00

| 10. | OFFICERS AND DIRECTORS |
|---|---|
| TITLE | CPS |
| NAME | AJAGBE, ADETUTU |
| STREET ADDRESS | 9505 S.W. 136TH ST. |
| CITY-ST-ZIP | MIAMI, FL  33176 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| CITY-ST-ZIP | |

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**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:** _____ AJETUTU AJAGBE 8/9/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR     Date     Daytime Phone #