2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91769 010 ***150.00

90128691

DOCUMENT # K20403

1. Entity Name
ALAMAGAN CORPORATION

Principal Place of Business	Mailing Address
501 BRICKELL KEY DRIVE STE 602 MIAMI, FL 33131	501 BRICKELL KEY DRIVE STE 602 MIAMI, FL 33131

2. Principal Place of Business	3. Mailing Address
247 SW 8th Street	6625 N. AVONDALE
Suite, Apt. #, etc. #175	Suite, Apt. #, etc.
City & State MIAMI, FLORIDA	City & State CHICAGO, ILLINOIS
Zip / Country 33130 / DADE	Zip / Country 60631 / COOK

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number
59-2268319
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MAIRONE, GAVRIEL 247 SW 8TH STREET SUITE 175 MIAMI, FL 33130	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PD MAIRONE, GAVRIEL 247 SW 8TH STREET #175 MIAMI, FL 33130	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TSD SENDLIN, BERNARD E 6625 N AVONDALE AVENUE CHICAGO, IL 60631	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V DIAZ-BALART, RAFAEL 501 BRICKELL KEY DR STE 602 MIAMI, FL 33131	XX Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ BERNARD E. SENDLIN, 4/29/2003 773-631-3000x622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #