

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K68553

Entity Name: ALSUA INC.

FILED
Mar 31, 2005
Secretary of State

Current Principal Place of Business:

CITY HALL SHELL
2635 HOLLYWOOD BLVD
HOLLYWOOD, FL 33020

New Principal Place of Business:

Current Mailing Address:

CITY HALL SHELL
2635 HOLLYWOOD BLVD
HOLLYWOOD, FL 33020

New Mailing Address:

FEI Number: 65-0101143

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALSINA, ANDRES R
2635 HOLLYWOOD BLVD.
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: SUAREZ, ELEANOR,
Address: 901 COLONY POINT CIRCLE #107
City-St-Zip: PEMBROKE PINES, FL 33026

Title: PD () Delete
Name: ALSINA, ANDRES, R.,
Address: 3611 WASHINGTON LN
City-St-Zip: COOPER CITY, FL 33026

Title: VD () Delete
Name: ALSINA, INES,
Address: 3611 WASHINGTON LN
City-St-Zip: COOPER CITY, FL 33026

Title: V (X) Delete
Name: REYES, ANA M,
Address: 3611 WASHINGTON LANE
City-St-Zip: COOPER CITY, FL 33026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDRES R. ALSINA

PD

03/31/2005

Electronic Signature of Signing Officer or Director

Date