

# 2006 FOR PROFIT-CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2006 8:00 am**  
**Secretary of State**

04-11-2006 90264 001 \*\*\*300.00

**DOCUMENT # L13928**

1. Entity Name  
ALHUDI, INC.



Principal Place of Business  
848 BRICKELL AVENUE  
SUITE 830  
MIAMI, FL 33131 US

Mailing Address  
848 BRICKELL AVENUE  
SUITE 830  
MIAMI, FL 33131 US

66009590



04052006 Chg-P CR2E034 (11/05)

|                                |         |                     |         |                                  |  |   |  |
|--------------------------------|---------|---------------------|---------|----------------------------------|--|---|--|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number                    |  | Applied For   |  |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         | 65-0141989                       |  | Not Applicable  |  |
| City & State                   |         | City & State        |         | 5. Certificate of Status Desired |  | <input type="checkbox"/> \$8.75 Additional Fee Required |  |
| Zip                            | Country | Zip                 | Country |                                  |  |   |  |

|  |  |  |  |   |  |  |  |
|--|--|--|--|---|--|--|--|
| 6. Name and Address of Current Registered Agent                            |  |  |  | 7. Name and Address of New Registered Agent   |  |  |  |
| MARTIN, MIGUEL A ESQ.<br>848 BRICKELL AVENUE, SUITE 830<br>MIAMI, FL 33131 |  |  |  | Name: Renee Adwar, P.A.<br>Street Address (B.O. Box Number is Not Acceptable): 848 Brickell Avenue, Suite 830<br>City: Miami FL Zip Code: 33131 |  |  |  |

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

**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 |                        |                                 |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |                                 |                                   |
|----------------------------|------------------------|---------------------------------|--|---|--|---------------------------------|-----------------------------------|
| TITLE                      | DPS                    | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | MORA, GRACIELA S.      |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             | 121 CRANDON BL #352    |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                | KEY BISCAYNE, FL 33149 |                                 |  | CITY-ST-ZIP   |  |                                 |                                   |
| TITLE                      |                        | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                        |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             |                        |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                |                        |                                 |  | CITY-ST-ZIP   |  |                                 |                                   |
| TITLE                      |                        | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                        |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             |                        |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                |                        |                                 |  | CITY-ST-ZIP   |  |                                 |                                   |
| TITLE                      |                        | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                        |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             |                        |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                |                        |                                 |  | CITY-ST-ZIP   |  |                                 |                                   |
| TITLE                      |                        | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                        |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             |                        |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                |                        |                                 |  | CITY-ST-ZIP   |  |                                 |                                   |

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: GRACIELA S. MORA 4/5/06 (305) 374-4422  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #