


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90090 024 ***150.00

DOCUMENT # L38850
 1. Entity Name
ALDEMA INVESTMENT CORPORATION OF FLORIDA



Principal Place of Business Mailing Address
ONE S.E. THIRD AVENUE **ONE S.E. THIRD AVENUE**
15TH FLOOR **15TH FLOOR**
MIAMI FL 33131 **MIAMI FL 33131**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

4. FEI Number Applied For
65-0176005 Not Applicable

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



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent
MARTIN, FRANCISCO J CPA
% BERKOWITZ, DICK, POLLACK & BRANT
ONE S.E. THIRD AVENUE, 15TH FLOOR
MIAMI FL 33131

7. Name and Address of New Registered Agent
 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 signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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

TITLE	DPS	<input type="checkbox"/> Delete
NAME	DELLER, ALBERTO	
STREET ADDRESS	CASILLA 2036	
CITY-ST-ZIP	QUITO, ECUADOR	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	DELLER, FRIDA	
STREET ADDRESS	CASILLA 2036	
CITY-ST-ZIP	QUITO, ECUADOR	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	DELLER, PIERRE	
STREET ADDRESS	CASILLA 2036	
CITY-ST-ZIP	QUITO, ECUADOR	
TITLE	AS	<input type="checkbox"/> Delete
NAME	DELLER, MICHEL	
STREET ADDRESS	353 WEST 47TH STREET	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	DELLER DE BEITSCH, HELEN	
STREET ADDRESS	CASILLA 2036	
CITY-ST-ZIP	QUITO, ECUADOR	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

*X CASILLA 2036
QUITO - ECUADOR*

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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____