


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L49962**

1. Entity Name  
**ALOHA INCORPORATED**



Principal Place of Business <b>1300 COLLINS AVENUE          #100          MIAMI BEACH, FL 33139 US</b>	Mailing Address <b>1300 COLLINS AVENUE          #100          MIAMI BEACH, FL 33139 US</b>
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01052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0152967</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**SCHLESSER, MELVYN  
 1300 COLLINS AVENUE  
 #100  
 MIAMI BEACH, FL 33139**

**DO NOT WRITE IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHLESSER, MELVYN 1300 COLLINS AVE, #100 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEEDS, ARTHUR 215 WEST 89RD STREET NEW YORK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GERSHON, ROBERT 312 WEST 55TH STREET NEW YORK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GERSHON, MELVIN 312 WEST 55TH STREET NEW YORK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/23/06-80026-019 150.00

**DO NOT WRITE IN THIS SPACE**

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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with my address, with all other like empowered.

SIGNATURE: Mel Schlessor Date: 1/9/06 Daytime Phone #: 305-531-3155

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR