2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED **DOCUMENT # L73768** Feb 14, 2005 08:00 AM 1. Entity Name ALCAD REAL ESTATE CORP. **Secretary of State** Mailing Address Principal Place of Business 319 CIEMATIS STREET 319 CIEMATIS STREET STE 200 STE 200 WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401 US No Cha-P CR2E034 (10/03) 01312005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 65-0201396 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE BERIRO, ALBERT 319 CLEMATIS STREET, SUITE 200 WEST PALM BEACH, FL 33401 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be Trust Fund Contribution. П Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE BERIRO, ALBERT NAME STREET ADDRESS 319 CLEMATIS STREET CITY-ST-ZIP WEST PALM BEACH, FL 33401 JU0000230128 02/15/**05-80031-004** 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 supplier entail 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 of 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 endress, with an endress, with an endress.

NAME STREET ADDRESS CITY-ST-ZIP

NG OFFICER OR DIRECTOR

Davtime Phone #