

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # M43628

1. Entity Name
ALLU GROUP, INC.



Principal Place of Business

% ARTURO FERNANDEZ DE CASTRO
1010 S.W. 86TH CT.
MIAMI, FL 33144

Mailing Address

% ARTURO FERNANDEZ DE CASTRO
1010 S.W. 86TH CT.
MIAMI, FL 33144



01082008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0176572

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DE CASTRO, ARTUR FERNANDEZ
1010 SW 86TH CT
MIAMI, FL 33144

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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
PST
ARCEO CORCUERA, ALBERTO
10825 SW 26TH ST
MIAMI, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ARCEO CORCUERA, ALBERTO
10825 SW 26TH ST
MIAMI, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

000000783271
01/16/08-80007-016 158.75

**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 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

01-10-08

Date

2052610770

Daytime Phone #