


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

3 **FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90011 023 \*\*\*\*61.25

<b>DOCUMENT # N05000003949</b> 1. Entity Name <b>ALEMANNIA AIXPRESS, INC.</b>					
Principal Place of Business <b>545-7 DELANEY AVENUE ORLANDO, FL 32801</b>			Mailing Address <b>545-7 DELANEY AVENUE ORLANDO, FL 32801</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		4. FEI Number <b>20-4510256</b>			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>THIER, CARL-CHRISTIAN 545-7 DELANEY AVENUE ORLANDO, FL 32801</b>					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>10. OFFICERS AND DIRECTORS</b> </div> <div style="width: 50%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> </div> </div>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THIER, CARL-CHRISTIAN 545-7 DELANEY AVENUE ORLANDO, FL 32801	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMOS, ALBERTO 545-7 DELANEY AVENUE ORLANDO, FL 32801	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERMOSO, EUGENIO 545-7 DELANEY AVENUE ORLANDO, FL 32801	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 617, 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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<div style="display: flex; justify-content: space-between;"> <span>03-02-06</span> <span>407-245-8360</span> </div>					