2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000029805

Entity Name: ALITEC CORPORATION

FILED Apr 30, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Finicipal Flace of Business.	New Fillicipal Flace of Busiliess.

6405 NW 36 STREET 1508 WINTERBERRY LANE SUITE 112 WESTON, FL 33327 US MIAMI, FL 33166 US

Current Mailing Address: New Mailing Address:

6405 NW 36 STREET 1508 WINTERBERRY LANE SUITE 112 WESTON, FL 33327 US MIAMI, FL 33166 US

FEI Number: 65-0994122 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ACOSTA, ARMANDO
6405 NW 36 STREET, SUITE 112
MIAMI, FL 33166 US
DIAZ-SARMIENTO, GABRIEL
1985 NW 88 COURT
201
MIAMI, FL 33712 US

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.

SIGNATURE: DIAZ-SARMIENTO, GABRIEL 04/30/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: () Change () Addition Name: ACOSTA, ARMANDO Name:

 Name:
 ACOSTA, ARMANDO
 Name:

 Address:
 6405 NW 36 STREET
 Address:

 City-St-Zip:
 MIAMI, FL 33166 US
 City-St-Zip:

Title: DVP () Delete Title: () Change () Addition Name: ACOSTA, FERNANDO Name:

 Address:
 6405 NW 36 STREET
 Address:
 Address:

 City-St-Zip:
 MIAMI, FL 33166 US
 City-St-Zip:

Title: D () Delete Title: DVP (X) Change () Addition

 Name:
 DE ACOSTA, BEATRIZ Z
 Name:
 DE ACOSTA, BEATRIZ Z

 Address:
 6405 NW 36 STREET
 Address:
 6405 NW 36 STREET

 City-St-Zip:
 MIAMI, FL 33166 US
 City-St-Zip:
 MIAMI, FL 33166 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DE ACOSTA, BEATRIZ DVP 04/30/2004