2004 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT DOCUMENT # P0000043870 1. Entity Name ALAYON MOVING & STORAGE, INC.

FILED
Jul 20, 2004 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

3655 WEST 16TH AVENUE #30

3655 WEST 16TH AVENUE #30

HIALEAH, FL 33012

HIALEAH, FL 33012



DO NOT WRITE IN THIS SPACE

07162004 No Chg-P CR2E034 (10/03)

4. FEI Number 06-1582666

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALAYON, VIDAL JR. 330 NORTHWEST DRIVE MIAMI, FL 33126

SIGNATURE:

DO NOT WRITE IN THIS SPACE

8. The above the obligation	named entity submits this statement for the tions of registered agent.	purpose of changing its register	red office or re	egistered agent, or bo	ith, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or panied name of registered agons and little if applicable. (NOTE Registered Agent signature required when reinstalling) DATE					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		S. Election Campaign Financing Trust Fund Contribution. S.00 May Be Added to Fees Added to Fees			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10.	OFFICERS AND DIRE	ECTORS			}
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALAYON, VIDAL JR. 330 NORTHWEST DRIVE MIAMI, FL 33126				U00000167489 07/20/04-80006-022 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS ALAYON, VIDAL JR. 330 NORTHWEST DRIVE MIAMI, FL 33126				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS GITY-ST-ZIP				IN [*]	THIS SPACE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). Florida Statutes, I turther 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.					

TURE AND TYPED ON PHINTED NAME OF SIGNING OFFICER OR DIRECTOR