

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90392 042 \*\*\*150.00

DOCUMENT # P00000051277

1. Entity Name  
ALMACHEN LOS PRIMOS, INC.



Principal Place of Business  
720 CENTRAL AVENUE  
CLEWISTON, FL 33440

Mailing Address  
720 CENTRAL AVENUE  
CLEWISTON, FL 33440



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

13780 Willow Bridge Dr.

Suite, Apt. #, etc.

13780 Willow Bridge Dr.

City & State

NORTH FORT MYERS, FL

City & State

NORTH FORT MYERS, FL

Zip

33903

Country

Zip

33903

Country

03292006

Chg-P

CR2E034 (11/05)

4. FEI Number

65-1011799

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SALEH, ALI JAVIER  
720 CENTRAL AVENUE  
CLEWISTON, FL 33440

7. Name and Address of New Registered Agent

Name SALEH, ALI JAVIER.

Street Address (P.O. Box Number is Not Acceptable)

13780 Willow Bridge Dr.

City NORTH FORT MYERS.

FL

Zip Code

33903

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)

DATE

03/29/06

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME SALEH, ALI JAVIER  
STREET ADDRESS 720 CENTRAL AVENUE  
CITY-ST-ZIP CLEWISTON, FL 33440

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SALEH, ALI JAVIER.  
NAME  
STREET ADDRESS 13780 Willow Bridge Dr.  
CITY-ST-ZIP NORTH FORT MYERS, FL, 33903.

TITLE  
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CITY-ST-ZIP

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

03/29/06 (23) 656-0711.

Date

Daytime Phone #