

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90127 028 ***150.00

DOCUMENT # P00000055973
1. Entity Name
ALAROAN, INC.

Principal Place of Business Mailing Address
158 Dove Circle 158 Dove Circle
Royal Palm Bch, FL Royal Palm Bch, FL
33411 33411

2. Principal Place of Business 3. Mailing Address
11440 Okeechobee Blvd. 158 Dove Circle
Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 208

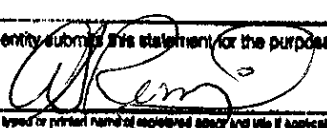
City & State City & State
Royal Palm Bch., FL Royal Palm Bch., FL
Zip Zip
33411 33411
Country Country
USA USA

4. FEI Number 65-1016501
Applied For
Not Applicable

8. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Andrea S. Romagnino
7. Name and Address of New Registered Agent
Name Andrea S. Romagnino
Street Address (P.O. Box Number is Not Acceptable)
158 Dove Circle
City Royal Palm Bch FL Zip Code 33411

9. 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  4/25/01
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when requesting) DATE

9. This corporation is eligible to satisfy its intangible
tax filing requirements and assets to do so. ☐
(See criteria on back)
10. Election Gamble Financing
Trust Fund Contribution ☐ \$5.00 May be
Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
NAME	STREET ADDRESS		NAME	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
NAME	STREET ADDRESS		NAME	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
NAME	STREET ADDRESS		NAME	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
NAME	STREET ADDRESS		NAME	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
NAME	STREET ADDRESS		NAME	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the majority or majority-in-interest in person; that I am not a partner in a partnership; and that my name appears in Block 11 or Block 12 of this report, or on an attachment with an address, with all other like empowered.

SIGNATURE:  4/25/01
Signature, typed or printed name of signing officer or director