FROM :KONICA FAX TO : 5617848421

2001 UNIFORM BUSINESS REPORT (UBR)

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 Royal Palm Bch, FL 33411	158 Dove Circle Royal Palm Bch, FL 33411

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
11440 Okeechobee Blvd.	158 Dove Circle
Suite, Apt. #, etc.: Suite 208	Suite, Apt. #, etc.:
City & State: Royal Palm Bch., FL	City & State: Royal Palm Bch, FL
Zip: 33411 Country: USA	Zip: 33411 Country: USA

4. FEI Number: 65-1016501 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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

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.

SIGNATURE: [signature] 4/25/01
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

[illegible]

10. Election Campaign 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 / STREET ADDRESS / CITY-ST-ZIP	Lawrence J. Romagnino III PRESIDENT 158 DOVE CIRCLE ROYAL PALM BCH, FL 33411 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT ANDREA S. ROMAGNINO 158 DOVE CIRCLE ROYAL PALM BCH, FL 33411 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

*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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/25/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR [illegible] [illegible]