2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2005 8:00 am Secretary of State

DOCUM 1. Entity Name ALACHKA, I	ENT # P000000631 INC.	165		05-02-2005 90486 038 ***150.00
Principal Place of	Business	Mailing Address		
1560 NW 3 STR Deerfield bea		1560 NW 3 STREET Deerfield Beach, FL 3	3442	
2 Principal Place	o of Business	O Marking Address		
2. Principal Place of Business 3. Marting Address 3. Marting Address 4. Lichard Burn Burn 4. Lichard Burn 5. Principal Place of Business 4. Lichard Burn 6. Li				
Suite, Apt. # 6		Suite, Apt. #, etc.	_	04292005 Chg-P CR2E034 (10/03) 4. FEI Number Applied For
DEFLEI	ED BEAUTEL	DEERFIELD	BEACH	4. PETNUMBER Applied For Applied For Not Appli
37442	2 Country US	37442	Country UC	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current Re	egistered Agent		7. Name and Address of New Registered Agent
BRODWKY, A	ALEVTINA		Name	SRODSKY, ALEVANA
1560 NW 3 S	TREET BEACH, FL 33442		774	Address (R.O) Box Number is North Capitable CUT
DELINI IEED	BEACH, 12 33442		JV	1176 102
			95	CREAD BEACH FL 3342
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.				
Words Bright ALEVANIA ROSPOVY 4/29/N				
SIGNATURE	nature, typed or printed name of registered agent and	little if applicable. (NOTE: F	Registered Agent signat	ture required when reinstating) DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees				
10.	OFFICERS AND D	RECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE PI	D RODSKY, ALEVTINA	☐ Delete	TITLE NAME	BRWDSKY ALEVANA Gerlange Addition
	560 NW 3 STREET		STREET ADDRESS	BRODSEY, ALEUNNA 3845 W. HILLSBURG BLVD # 102
	EERFIELD BEACH, FL 33442		CITY-ST-ZIP	DEELLIEU BEACH PC 33442
TITLE NAME		☐ Delete	TITLE NAME	Change Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
TITLE _		☐ Delete	THILE	☐ Change ☐ Addition
NAME			NAME CAREET ADORESS	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE NAME		☐ Delete	TITLE NAME	Change Addition
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP TITLE		☐ Defete	CITY-ST-ZIP TITLE	☐ Change ☐ Addition
NAME		_ Delote	NAME	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
12 I berehv cert	tify that the information supplied with t	his filing does not qualify for the	he exemption sta	ated 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 copyoration 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 attachagent with an address, with all other like empowered.				
SIGNATURE: (1 Centure Brodshy ALEVANA BRODSKY 729/2954-425-035)				
SIGNATURE: WWW. DAW WWW. KLEY INK ISWDS OF DAY DOWN PRINTED NAME OF SIGNING-OFFICER OF DIRECTOR DAY				