

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000083267

1. Entity Name  
ALOE MAN INTERNATIONAL CORP.



Principal Place of Business  
18800 NW 2ND AVENUE  
SUITE 102  
MIAMI, FL 33169

Mailing Address  
18800 NW 2ND AVENUE  
SUITE 102  
MIAMI, FL 33169



03142008 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-1038231

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

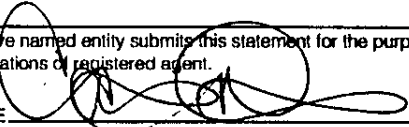
**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

DIXON, CAMILLA  
18800 NW 2ND AVENUE  
SUITE 102  
MIAMI, FL 33169

**DO NOT WRITE  
IN THIS SPACE**

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)

3/15/08

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

000000899216

04722705-80044-016-158.75

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
PTD  
DIXON, MARK A  
2420 TARPON DRIVE  
MIRAMAR, FL 33022

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
SD  
DIXON, CAMILLA M  
2420 TARPON DRIVE  
MIRAMAR, FL 33022

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

3/15/08

Date

6539325

Daytime Phone #