## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State** 03-16-2004 90022 005 \*\*\*150.00 **DOCUMENT # P00000086425** 1. Entity Name. ALE & CARI CORP. 44018246 Principal Place of Business Mailing Address 3641-ESTEPONA AVENUE 3641 ESTEPONA AVENUE MIAMI: FL 33178 -MIAMI: FL 33178-2. Principal Place of Business 11514 N.W. 71st ST 3. Mailing Address 11514 N.W. 71st ST Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 02142004 Chq-P City & State City & State 4. FEI Number Applied For DORAL, FLORIDA DORAL, FLORIDA 65-1045072 Not Applicable Zip\_33178 Country \$8.75 Additional -5.- Certificate of Status Desired - ---33173 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MONTANARI, ALBERTO MONTANARI ALBERTO Street Address (P.O. Box Number is Not Acceptable) 3841 ESTEPONA AVE 11514 N.W. 71st ST MIAMI: FL-33178 \_DORAL, FL 33178 City Zip Code 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. ALBERTO MONTANAZI SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11, ☐ Delete TITLE TITLE ∠ Change ☐ Addition NAME 🔩 MONTANARI, ALBERTO NAME 11514 N.W. 71st ST 3641-ESTEPONA-AVENUE STREET ADDRESS STREET ADDRESS DORAL, FL 33178 CITY-ST-ZIP MIAMI, FL 33170 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME MONTANARI, BRUNA NAME 11514 N.W. 71st ST STREET ADDRESS 3641-ESTEPONA AVENUE-STREET ADDRESS MIAMI, FL 33179 CITY-ST-7LP CITY-ST-7IP DORAL, FL 33178 Delete. TITLE... \_ ... Change ☐ Addition TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-718 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

ALBERTO MONTANARI

SIGNATURE: 2

FILED Mar 16, 2004 8:00 am