## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE AN

## Aug 18, 2004 8:00 am Secretary of State DOCUMENT # P00000113762 08-18-2004 90004 011 \*\*\*150.00 ALDINY THE WHOLESALE & RETAIL CO. Principal Place of Business Mailing Address 179 MORNINGSIDE DR 179 MORNINGSIDE DR MIAMI, FL 33166 MIAMI, FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08122004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-1065456 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent. 6. Name and Address of Current Registered Agent Bernuck 2 GOMEZ, DIAMILET Street Address (P.O. Box Number is Not Acceptable) 179 MORNINGSIDÉ DR MIAMI, FL 33166 MORNINGSIDE DR. FL 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be 8. Trust Fund Contribution. Due by September 8, 2004 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE Change \_\_\_ Addition TITLE ☐ Delete PEREZ, XENIA NAME NAME 179 MORNING SIDE DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI SPRINGS, FL 33166 CITY-ST-ZIP VD ☐ Delete TITLE ☐ Change ☐ Addition TITLE BERMUDEZ, NYDIA NAME NAME 179 MORNINGSIDE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI SPRINGS, FL 33166 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality 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 is changed, or on an attachment with an address, with all other like empowered.

FILED

Daytime Phone #

# PODODO 113762

## ALDINY THE WHOLESALE & RETAIL CO. 179 MORNINGSIDE DR. MIAMI, FL. 33166-5240.

Miami Florida

August 12th, 2004

Florida Department of State

Division of Corporation.
P. O. Box 6327

Tallahassee, Fl. 32314

Re: 2004 Uniform Business Report

## ALDINY THE WHOLESALE & RETAIL CO.

Dear Sir;

-Enclosed please find 2004 UNIFORM BUSINESS REPORT for the annual Corporate Report. Enclosed is my ck. # for the amount of \$150.00, to paid the above Annual fee and for year 2004.

Please accept this payment as of today, because my company did not got any notice before from your department, until the today notice of intent to dissolve.

If you need any more information please do not hesitate to contact me.

Sincerely yours,

ALDINY THE WHOLESALE & RETAIL CO.

President