

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000017394

1. Entity Name
ALEMER CO. INC.



Principal Place of Business

2101 S. OCEAN DR. (4)# PH2808
HOLLYWOOD, FL 33019

Mailing Address

2101 S. OCEAN DR. (4)# PH2808
HOLLYWOOD, FL 33019



02142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1148922	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DE RODRIGUEZ, GRACIELA A
2101 S. OCEAN DR. (4)# PH2808
HOLLYWOOD, FL 33019

**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)

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

UG00000836211
03/04/08-20007-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DE RODRIGUEZ, GRACIELA B
STREET ADDRESS	2101 S. OCEAN DR. (4)# PH2808
CITY-ST-ZIP	HOLLYWOOD, FL 33019

TITLE	VP
NAME	RODRIGUEZ, JOSE H.
STREET ADDRESS	2101 S. OCEAN DR. (4)#PH.28086
CITY-ST-ZIP	HOLLYWOOD, FL 33019

TITLE	T
NAME	RODRIGUEZ, MARIA A
STREET ADDRESS	2101 S. OCEAN DR. (4) #PH2808
CITY-ST-ZIP	HOLLYWOOD, FL 33019

TITLE	S
NAME	RODRIGUEZ, MARIA M
STREET ADDRESS	2101 S. OCEAN DR.(4)#PH2808
CITY-ST-ZIP	HOLLYWOOD, FL 33019

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

Date

Daytime Phone #

2/17/08