

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 FEB 19 PM 12:24

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000019400			
1. Entity Name ALM INVESTMENTS INC.			
Principal Place of Business 9401 SW 4 ST. #205 MIAMI, FL 33174		Mailing Address 9401 SW 4 ST. #205 MIAMI, FL 33174	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Certificate of Status Desired ☐		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MUNGUJA, MARTHA L 9401 SW 4 ST. #205 MIAMI, FL 33174		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. SIGNATURE: <i>Martha L. Munguia</i> DATE: _____ Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when registering)			
FILE NEW! FEE IS \$150.00 After May 1, 2003 Fee will be \$530.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MUNGUJA, MARTHA L 9401 SW 4 ST. #205 MIAMI, FL 33174 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: <i>Martha L. Munguia</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

000013693050
03/07/03--01051--013 **300.00



☐ CHECK HERE IF MAKING CHANGES

FEI Number **65-1092381** Applied For ☐ Not Applicable ☐

CR2E034 (10/02)