

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000034346

Entity Name: ALKOM CORPORATION

FILED  
Sep 22, 2006  
Secretary of State

**Current Principal Place of Business:**

1165 W 49 ST  
104  
HIALEAH, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**

1165 W 49 ST  
104  
HIALEAH, FL 33012

**New Mailing Address:**

FEI Number: 65-1095678

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ITN SERVICES  
4923 B SOUTHERN BLVD  
WEST PALM BEACH, FL 33415 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: RODRGUEZ

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MUNOZ, EGGLE  
Address: 8751 GATE HOUSE RD # 4  
City-St-Zip: PLANTATION, FL 33027

Title: VD ( ) Delete  
Name: GOODMAN, AURA  
Address: 1536 LAKE BREEZE  
City-St-Zip: WELLINGTON, FL 33414

Title: TD ( ) Delete  
Name: SOTO, ERNESTO  
Address: 3821 SW 160 TH AVE # 105  
City-St-Zip: MIRAMAR, FL 33027

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EGGLE MUNOZ

PD

09/22/2006

Electronic Signature of Signing Officer or Director

Date