## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

## Mar 15, 2004 8:00 am Secretary of State DOCUMENT # P01000036428 1. Entity Name 03-15-2004 90025 044 \*\*\*150.00 ALNAT INDUSTRIES, CORP. Principal Place of Business Mailing Address 13238 SW 87TH TERR. 13238 SW 87TH TERR. **MIAMI FL 33183 MIAMI FL 33183** 2. Principal Place of Business 3. Mailing Address "Suite, Apt."#, etc. Suite, Apt. #, etc. CR2E034 (11/03) \_4\_FELNumber\_ 65-1093996 \_\_City.&.State-\_\_\_ City & State.... Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SANCHEZ, GEORGE LUIS-Street Address (P.O. Box Number is Not Acceptable) 13238 SW 87TH TERR. **MIAMI FL 33183** 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. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature regured when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 -[]-Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Delete TITLE Change ☐ Addition SANCHEZ, GEORGE LUIS NAME 13238 SW 87TH TERR. STREET ADDRESS STREET ADDRESS MIAMI FL 33183 CITY-ST-ZIP CITY-ST-ZIP TITLE **VPSD** ☐ Delete Change ☐ Addition NAME SANCHEZ, ELIZABETH A NAME STREET ADDRESS 13238 SW 87TH TERR. STREET ADDRESS MIAMI FL 33183 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-7IP 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.

FILED