

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90078 018 \*\*\*150.00

**DOCUMENT # P01000036588**

1. Entity Name  
**ALSA ENTERPRISES USA, INC.**



Principal Place of Business

**6710 N BOULEVARD  
TAMPA, FL 33604 US**

Mailing Address

**6710 N BOULEVARD  
TAMPA, FL 33604**

40046933

2. Principal Place of Business

**5018 N. ARMENIA**

Suite, Apt. #, etc.

3. Mailing Address

**5018 N. ARMENIA AVE**

Suite, Apt. #, etc.



01052006 Chg-P CR2E034 (11/05)

City & State

**TAMPA FL**

City & State

**TAMPA FL**

Zip

**33604**

Country

Zip

**33604**

Country

4. FEI Number  
**59-3710824**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CARRIGAN, THOMAS J  
11282 W HILLSBOROUGH AVE  
TAMPA, FL 33635**

7. Name and Address of New Registered Agent

Name **THOMAS J. CARRIGAN**  
Street Address (P.O. Box Number is Not Acceptable)

**3910 NORTHDAL BLVD SUITE 100  
City TAMPA FL Zip Code 33604**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ Delete  
NAME **SHIKDAR, ALAM**  
STREET ADDRESS **6710 N BOULEVARD**  
CITY - ST - ZIP **TAMPA, FL 33604**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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:

**Alam Shikdar**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-8-2006 (813) 545-9900**