## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P01000046720

1. Entity Name

ALCÁN CORPORATE MANAGEMENT AND CONSULTING GROUP INC.



FILED Apr 14, 2008 08:00 Al Secretary of State

Principal Place of Business

2111 SW 60 WAY MIRAMAR, FL 33023 Mailing Address

2111 SW 60 WAY MIRAMAR, FL 33023



## DO NOT WRITE IN THIS SPACE

04092008 No Chg-P CR2E03

CR2E034 (11/05)

4. FEI Number 65-1124380 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ADERINOKUN, CHRISTINA A 2111 SW 60 WAY MIRAMAR, FL 33023

## DO NOT WRITE IN THIS SPACE

			·			
8. The above the obligation	named entity submits this statement for the pions of registered agent	urpose of changing its registere	d office or re	igistered agent, or bo	oth, in the State of Florida. I am f	amiliar with, and accept
SIGNATURE.	<u> </u>				• •	•
	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		Election Campaign Finant Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	000000894125 04/24/08-80015-0	16 150 NO
10. OFFICERS AND DIRECTORS					The same species	
NAME STREET ADDRESS CITY-ST-ZIP	PD ADERINOKUN, CHRISTINA A 2111 SW 60 WAY MIRAMAR, FL 33023					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			,			
TITLE NAME STREET ADDRESS CITY-SI-ZIP			,	DO	NOT WRITE	
NAME STREET ADDRESS CITY-ST-21P				IN 7	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Eq.	The same of the control of the contr	And the second s	The state of the s
TITLE NAME STREET ADDRESS	the first the section of			127.00 May 83 1		
CITY-ST-ZIP			1 1 2 pr	Contract on the	The second of th	College and the finishes of the second secon

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.

SIGNATURÉ

DNING OFFICER OR DIRECTOR

40706

Daytime Phone #