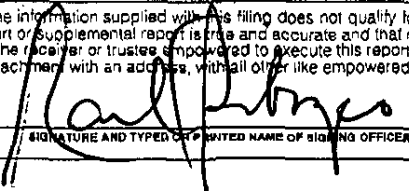


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # P01000055851		
1. Entity Name ALIEN LABOR CERTIFICATION CONSULTANT CO., INC.		
Principal Place of Business 1470 NW 107 AVE SUITE L MIAMI, FL 33172		Mailing Address 1470 NW 107 AVE SUITE L MIAMI, FL 33172
DO NOT WRITE IN THIS SPACE		
		04042007 No Chg-P CR2E034 (11/05)
4. FEI Number 59-3727420		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
SEBAZCO, RAUL G 1470 NW 107 AVE SUITE L MIAMI, FL 33172		DO NOT WRITE IN THIS SPACE
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, 2007, Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	NAME	
NAME	SEBAZCO, RAUL G	
STREET ADDRESS	1470 NW 107 AVE SUITE L	
CITY- ST- ZIP	MIAMI, FL 33172	
TITLE	NAME	
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	NAME	
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	NAME	
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	NAME	
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: 		U000000707945 04/24/07-80095-004 150.00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4/12/07 Daytime Phone 305-597-0909