2004 FOR PROFIT CORPORATION

Mar 26, 2004 08:00 AM **ANNUAL REPORT Secretary of State** DOCUMENT # P01000096810 1. Entity Name AlKON, INC. Principal Place of Business Mailing Address 10840 SW 55 STREET 10840 SW 55 STREET MIAMI, FL 33165 MIAMI, FL 33165 03082004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1152011 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MENENDEZ, ROSA DO NOT WRITE 10840 SW 55 STREET MIAMI, FL 33165 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 little it applicable. (NOTE, Registered Agent signature required when reinstalling) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 U00000096692 Trust Fund Contribution. Added to Fees 03/26/04-80009-010 150.00 OFFICERS AND DIRECTORS 10. TITLE MENENDEZ, ROSA NAME 10840 SW 55 STREET STREET ADDRESS MIAMI, FL 33165 CITY-ST-ZIP TITLE STREET ADDRESS CATY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP THRE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). 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:

CHY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CHY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/04

305-279-0546

Daytme Phone #

FILED