## 2∞3 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 0100100135.

1. Entity Name

ALESSANDRO, CORP.

FILED May 05, 2003 8:00 am Secretary of State

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2. Principal P	Place of Business	3. Mailing Address					
23680	Walden Center Drive	same					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
UNIT	310	<u> </u>					
City & Stat		Bonita Sp		4. FEI Number			
Zip 31413	ou Lee	34134	Country	5. Certifi	cate of Status Desired	<u> </u>	\$8.75 Additional Fee Required
				7. Name a	nd Address of Current	Registere	d Agent
			Name	FOF1+	UTRERA!	D.A.	
	DO_NOT_WI	KIIE	Street Addre	ess (P.O. Box Nu	mber is Not Acceptable	)	
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	e named entity submits this statement for tions of registered agent.	the purpose of changing its i	registered office of reg	gistered agent, o	r both, in the State of Flo	rida. I am	familiar with, and accept
the obligati	nong of regional age						
SIGNATURE .							
	Signature, typed or printed name of registered agent an	d title if applicable (NOTE	Registered Agent signature re	equired when reinstatin	g)	DATE	
	nuary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department of \$	state		9.	Election Campaign Fina Trust Fund Contribution		\$5.00 May Be Added to Fees
10.	OFFICERS AND D	Procedure Control (Control (Co	da e tala ila mineri e ne e est	age a Carles as well as an all le	na tradicione del companyo	- 4/2 p	
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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 on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

KALEYTA Walcuta SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-25-03

239-949 1299

CR2F034R /1