2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 12, 2005 8:00 am Secretary of State **DOCUMENT # P01000112213** 04-12-2005 90142 013 ***150.00 ALOSI CONSTRUCTION CORPORATION Principal Place of Business Mailing Address 9811 MAJORCA PLACE 5318 9811 MAJORCA PLACE BOCA RATON, FL 33434 Skyline Blod BOCA RATON, FL-33434 Cape Coral, F1-33914 CR2E034 (10/03) 04052005 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 11-3133367 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE ISOLA, CARLO 5318 Skyline Blod 9811 MAJORCA PLAGE IN THIS SPACE Cape Coral, FI 33914 ed 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 SIGNATUR (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE **PSTD** 5318 Skyline Blod ISOLA, CARLO NAME Cape Corai, FL 339,4 9811-MAJORGA-PLAGE STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL: 33434 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

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 eceiver 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

SIGNATURE:

FILED