

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000118672

Entity Name: ALLIGATOR, INC.

FILED  
Jul 14, 2006  
Secretary of State

## Current Principal Place of Business:

5079 N. DIXIE HWY., STE. 140  
OAKLAND PARK, FL 33334

## New Principal Place of Business:

## Current Mailing Address:

5079 N. DIXIE HWY., STE. 140  
OAKLAND PARK, FL 33334

## New Mailing Address:

P.O.BOX 9786  
FT. LAUDERDALE, FL 33310

FEI Number: 65-1159280

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ACEVEDO, ROBERTO  
5079 N. DIXIE HWY., STE. 140  
OAKLAND PARK, FL 33334 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ACEVEDO, ROBERTO  
Address: 5079 N. DIXIE HWY., STE. 140  
City-St-Zip: OAKLAND PARK, FL 33334

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERTO ACEVEDO

OWNE

07/14/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date