


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2008 8:00 am**  
**Secretary of State**

02-20-2008 90009 016 \*\*\*150.00

<b>DOCUMENT # P02000040275</b>	
1. Entity Name <b>ALDO CORREA, INC.</b>	

Principal Place of Business <b>7871 NW 72ND AVE MEDLY, FL 33166</b>	Mailing Address <b>7871 NW 72ND AVE MEDLY, FL 33166</b>
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2. Principal Place of Business - No P.O. Box # <b>7215 NW 78 Terr</b>	3. Mailing Address <b>7215 NW 78 Terr</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Medley FL</b>	City & State <b>Medley FL</b>
Zip <b>33166</b>	Country <b>USA</b>
Zip <b>33166</b>	Country <b>USA</b>

40020100



02112008 Chg-P CR2E034 (12/06)

4. FEI Number <b>02-0588051</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORREA, ALDO N 5199 NW 7 STREET #515 E MIAMI, FL 33126		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

I, 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	(NOTE: Registered Agent signature required when reinstating)	DATE
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P CORREA, ALDO N 5199 NW 7TH STREET #515E MIAMI, FL 33126</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 	<b>ALDO CORREA</b>	02-11-08	786-355-6925
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #