

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90114 037 ***150.00

DOCUMENT # P02000084957																																																																																																											
1. Entity Name ALMAJOS CORPORATION																																																																																																											
Principal Place of Business 4831 NW 99TH CT MIAMI, FL 33178			Mailing Address 4831 NW 99TH CT MIAMI, FL 33178																																																																																																								
2. Principal Place of Business - No P.O. Box # 120 KNOLLWOOD DR.		3. Mailing Address P.O. BOX 025486																																																																																																									
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																									
City & State KEY BISCAYNE		City & State MIAMI, FL		4. FEI Number 04-3706807																																																																																																							
Zip 33149		Country USA		Applied For <input checked="" type="checkbox"/> Not Applicable																																																																																																							
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																																																																																									
6. Name and Address of Current Registered Agent JARVIS, JAMES W ESQ. 1500 SAN REMO AVE., STE. 145 CORAL GABLES, FL 33146			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																																																																								
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____																																																																																																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 20%; text-align: right;">Delete <input type="checkbox"/></td> <td style="width: 20%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 20%; text-align: right;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>REY, ALFONSO C</td> <td></td> <td>STREET ADDRESS</td> <td>227, ALFONSO C</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>4831 NW 99TH CT</td> <td></td> <td>CITY-ST-ZIP</td> <td>120 KNOLLWOOD DR</td> <td></td> </tr> <tr> <td></td> <td>MIAMI, FL 33178</td> <td></td> <td></td> <td>KEY BISCAYNE, FL 33149</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">Delete <input type="checkbox"/></td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">Delete <input type="checkbox"/></td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">Delete <input type="checkbox"/></td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">Delete <input type="checkbox"/></td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	Delete <input type="checkbox"/>	TITLE	NAME	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS	REY, ALFONSO C		STREET ADDRESS	227, ALFONSO C		CITY-ST-ZIP	4831 NW 99TH CT		CITY-ST-ZIP	120 KNOLLWOOD DR			MIAMI, FL 33178			KEY BISCAYNE, FL 33149		TITLE	NAME	Delete <input type="checkbox"/>	TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE	NAME	Delete <input type="checkbox"/>	TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE	NAME	Delete <input type="checkbox"/>	TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE	NAME	Delete <input type="checkbox"/>	TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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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 another like empowered.																																																																																																											
SIGNATURE: _____ ALFONSO REY 01/10/2007 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																																																																																											