

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000084957

FILED  
May 08, 2009  
Secretary of State

Entity Name: ALMAJOS CORPORATION

**Current Principal Place of Business:**

120 KNOLLWOOD DR  
KEY BISCAYNE, FL 33149

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 025486  
MIAMI, FL 33102

**New Mailing Address:**

FEI Number: 04-3706807

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JARVIS & ASSOCIATES, P.A.  
283 CATALONIA AVENUE  
SUITE 200  
CORAL GABLES, FL 33134 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: DP ( ) Delete  
Name: REY, STELLA  
Address: 120 KNOLLWOOD DR  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP ( ) Change (X) Addition  
Name: REY, JONATHAN M  
Address: 120 KNOLLWOOD DR  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D ( ) Change (X) Addition  
Name: REY, MATIAS A  
Address: 600 NE 36 STREET #816  
City-St-Zip: MIAMI, FL 33134

I hereby certify that the information supplied with this filing does not qualify 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: STELLA REY

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

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05/08/2009

\_\_\_\_\_  
Date