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Secretary of State
05-05-2006 90183 004 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000098348

1. Entity Name
ALDO VANDINI, INC.

60037147

Principal Place of Business	Mailing Address
8000 N.W. 31ST STREET STE #9 MIAMI, FL 33122	8000 N.W. 31ST STREET STE #9 MIAMI, FL 33122

04282006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
		9737 N.W. 41 ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 638	
City & State		City & State DORAL	
Zip	Country	Zip 33178	Country DORAL

4. FEI Number: 03-0481598 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GONZALEZ, ISIDRO P 5300 N.W. 114TH AVE STE #109 MIAMI, FL 33178	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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPT	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GONZALEZ, ISIDRO P		NAME	
STREET ADDRESS	5300 N.W. 114TH AVE STE #109		STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33178		CITY-ST-ZIP	
TITLE	DV	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GONZALEZ, SHIMON B		NAME	
STREET ADDRESS	5300 N.W. 114TH AVE STE #109		STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33178		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: ______________________ 28/04/2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #