


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000106081</b>	
1. Entity Name ALCA PROPERTIES INC.	

Principal Place of Business 5397 ORANGE DRIVE, SUITE #206 DAVIE, FL 33314	Mailing Address 5397 ORANGE DRIVE, SUITE #206 DAVIE, FL 33314
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**DO NOT WRITE IN THIS SPACE**



04152005 No Chg-P CR2E034 (10/03)

4. FEI Number 03-0485937	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
1840 SOUTHWEST 22 STREET, 4TH FLOOR  
MIAMI, FL 33145

**DO NOT WRITE  
IN THIS SPACE**

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 A. GALOUSTIAN DATE 4/15/2005

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST- ZIP	DP GALOUSTAIN, ALFRED 5397 ORANGE DRIVE, SUITE #206 DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST- ZIP	DVP MEDINA, CARLOS 5397 ORANGE DRIVE, SUITE #206 DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST- ZIP	S/T GALOUSTAIN, CILLES C 5397 ORANGE DRIVE, SUITE #206 DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	

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IN THIS SPACE**

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04/19/05-P0030-007 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: A. GALOUSTIAN DATE 4/15/2005 DAYTIME PHONE # 954-316-2333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR