2004 FOR PROFIT CORPORATION

| ANNUAL REPORT | | | Aug 09, 2004 08:00 AM | | |
|--|---|--|---------------------------|--------------------------|--|
| DOCUMENT # P0200010 | | Secretary of State | | | |
| 1. Entity Name ALERICK CORPORATION | | | | | |
| | | 2005 | | | |
| Principal Place of Business | Mailing Address | | | | |
| 2745 NW 24TH CT. MIAMI, FL 33142 | 2745 NW 24TH CT. MIAMI, FL 33142 | | | | |
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| DO NOT WRITE IN THIS SPA | | CE | 08062004 | No Chg-P | CR2E034 (10/03) |
| | | NOE | 4. FEI Numb 32-007 | | Applied For Not Applicable |
| | | | 5. Certificate | of Status Desired | \$8.75 Additional Fee Required |
| 6. Name and Address of Curren | nt Registered Agent | | · | | |
| HERNANDEZ, RICARDO F 2745 NW 24TH CT. MIAMI, FL 33142 | | | DO | NOT WI | RITE |
| | | | IN THIS SPACE | | |
| | | | 114 | | 70 <u>-</u> |
| 8. The above named entity submits this statement | for the purpose of changing its regist | ered office or register | ređ agent, or oc | th, in the State of Flor | ida I am familiar with, and accept |
| the obligations of registered agent | | | | | - |
| SIGNATURE Signature, typed or printed name of registered age | ant and site if applicable TNOTE Regist | tered Agent signature requires | when reinstating) | ··· | = DATE |
| FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 | 9. Election Campaign Fir Trust Fund Contribution | ~ ~ ~- | .00 May Be led to Fees | | ith s. 607.193(2)(b), F.S., the of receive the prior notice. |
| | ID DIRECTORS | | | · | |
| NAME PDS HERNANDEZ, RICARDO F JR | | 1 | | | |
| STREET ADDRESS 2745 NW 24TH CT. CITY-SI-ZIP MIAMI, FL 33142 | | | | 000000 08/09/04 | 169755 80009-020 150.00 |
| TITLE NAME | - | | | | |
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| NAME STREET ADDRESS | | | ~~ | ************* | |
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| TITLE NAME | | | IN | THIS SP | ACE |
| STREET ADDRESS CITY-ST-7IP | | | | | |
| INTLE | | 1 | • | | ~ |
| NAME STREET ADDRESS | | | | | |
| CITY - S1-ZIP | | • | | | |

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). 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 ceth; that I am an officer or director of the corporation or the receiver or trusted 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:

TITLE NAME STREET ADDRESS

Daylime Phone #