FILED Jun 08, 2007 8:00 am Secretary of State

2007 FOR PROFIT CORPORATION ANNUAL REPORT

	AIIIIVAL				-	05-14-200	7 90066	026 ***	150.00	
DOCUMENT # P03000021319 1. Entity Name ALAS REIKI , INC										
Principal Plac	e of Business	Mailing Address		<u> </u>	1					
9005 SW 2	14 ST	9005 SW 214 ST			1					
MIAMI, FL 33189 MIAMI, FL 3311										
						PRING ISTA NUMBER NA PRI	11 12 11 11 11 11 11 11 11 11 11 11 11 1	126 (1171 (1818 LA	1 70 11 11 11 11	
2. Principal P	Place of Business - No P.O. Box #	·	-{							
2. Principal Place of Business - No P.O. Box # 3. Mailing Add			5 SW & STYCCT		11831111111	88900 1911) A OUT A OUT 1991	1 40114 11401 114	IDA 1418I ILAKO EK	II 847 II 18 BS	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04302007	Chg-P	CB2E0	34 (12/06)		
		306								
City & State		City & State Marti, FLOH		orioa	4. FEI Numbe 27-0050			plied For Applicable		
Zip Country		Zip Coun						CO 75 Addisonal		
— P	,	33144		á DC	5. Certificate	of Status Desired		Fee Require		
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	egistered A	gent		
		Name								
MUJICA, J 9005 SW 2	IOHANNA M	Street Address (P.O. Box Number is Not Acceptable)								
MIAMI, FL										
•										
	•	•		City		·	FL	Zip Cod	e	
R Thombowe	named entity submits this statement fo	r the purpose of changing its	register	ed office or registe	red agest or hot	n in the State of Ele		amiliae with	200 200001	
	tions of registered agent	i the purpose of changing its	· registare	ed chice of registe	red agent, or doc	i, iii iiie State Oi r k	NOA. TAINT	arrinal Witt.	and accept	
CICALATIATI										
SIGNATURE.	Spreame, typed or printed name of (egispined agent	and site il applicable (NOT	f;: Regulere	d Agent signature require	d when (wnslaving)		DATE	_		
					r					
FIL	E NOWIT FEE IS \$150.00	9. Election Campa Trust Fund Cont	•		.00 May Be					
After M	ay 1, 2007 Fee will be \$550.	Joseph Transfer died Corn	illoution.	L. 700	100 10 1005					
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	CERS AND	DIRECTOR	S IN 11	
TITLE	P Delete Titte							☐ Change	■ Addition	
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CITY-ST-ZIP				-SI-ZIP						
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CITY-ST-ZIP			CITY	-ST-21P						
12. I hereby	certify that the information supplied with	this filing does not qualify to	or the exi	emptions contained	d in Chapter 119	Florida Statutes. I	further cert	fy that the in	formation	
indicated on this report or supplemental refixer is true and accurate and that my signature shall have the same legal affect as it made under cett; that I am an officer or director of the corporation or the facciner or trusteed appowered 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 addings, with all other like empowered.										
changed	, or on an attachment with an address,	with all other like empowered	I.							
SIGNAT	TIPE: TOLINAMA	· M. MUJIM			04.27	FO:	05)2	2634	443	
SIGNA	UNE. VERNATURE AND TYPES OF	PRINTED NAME OF SIGNING OFFICER	OR DERECT	708	<u> </u>	300		buluma Physia f		