2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2006 8:00 am
Secretary of State
05-17-2006 90017 001 ***150.00

DOCUMENT # P03000021499

1. Entity Name
ALESMAR ENTERPRISES, INC.

Principal Place of Business	Mailing Address
7743 SW 86TH ST #D229 MIAMI, FL 33143	7743 SW 86TH ST #D229 MIAMI, FL 33143

DO NOT WRITE IN THIS SPACE

02252006 No Chg-P CR2E034 (11/05)

4. FEI Number 30-0159209 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ESCOBAR, ALBERTO
7743 SW 86TH ST #D229
MIAMI, FL 33143

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

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

TITLE	P
NAME	ESCOBAR, ALBERTO
STREET ADDRESS	7743 SW 86TH ST #D229
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	V
NAME	SANCHEZ, MELIDA
STREET ADDRESS	7743 SW 86TH ST #D229
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 02. 25. 06 (305) 279-3459
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MAR-25-2003 13:13 P.01/01

ATTACHMENT
40092950

PO 3000021499

SS-4

(Rev. December 2001)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

► See separate instructions for each line. ► Keep a copy for your records.

EIN 20-0159209

OMB No. 1545-0003

1 Legal name of entity (or individual) for whom the EIN is being requested
ALESNAR ENTERPRISES, INC.

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4a Mailing address (room, apt., suite no. and street, or P.O. box)
7743 SW 86TH ST #D220

5a Street address (if different) (Do not enter a P.O. box)
SAME AS ABOVE

4b City, State, ZIP code
MIAMI FL 33143

5b City, State, ZIP code

6 County and state where principal business is located
MIAMI DADE / FLORIDA

7a Name of principal officer, general partner, grantor, owner, or trustee
ALBERTO ESCOBAR / DOB: 02/28/1965

7b SSN, ITIN, or EIN
982-80-9872

8a Type of entity (check only one box)

- ☐ Sole proprietor (SSN) _____
- ☐ Partnership
- ☒ Corporation (enter form number to be filed) ► 1120
- ☐ Personal service corporation
- ☐ Church or church-controlled organization
- ☐ Other nonprofit organization (specify) ► _____
- ☐ Other (specify) ►
- ☐ Estate (SSN of decedent) _____
- ☐ Plan administrator (SSN) _____
- ☐ Trust (SSN of grantor) _____
- ☐ National Guard
- ☐ State/local government
- ☐ Farmers' cooperative
- ☐ Federal government/military
- ☐ REMIC
- ☐ Indian tribal governments/enterprises

Group Exemption Number (GEN) ► _____

8b If a corporation, name the state or foreign country (if applicable) where incorporated: State: FLORIDA; Foreign country:

9 Reason for applying (check only one box)

- ☒ Started new business (specify type) ► _____
- ☐ Hired employees (check the box and see line 12.)
- ☐ Compliance with IRS withholding regulations
- ☐ Other (specify) ►
- ☐ Banking purpose (specify purpose) ► _____
- ☐ Changed type of organization (specify new type) ► _____
- ☐ Purchased going business
- ☐ Created a trust (specify type) ► _____
- ☐ Created a pension plan (specify type) ► _____

10 Date business started or acquired (month, day, year)
02/21/03

11 Closing month of accounting year
DECEMBER 31

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) ► 07/01/03

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0".

Agricultural	Household	Other
0	0	

14 Check the box that best describes the principal activity of your business.

- ☐ Construction
- ☐ Rental & leasing
- ☐ Transportation & warehousing
- ☐ Health care & social assistance
- ☐ Wholesale-agent/broker
- ☐ Real estate
- ☐ Manufacturing
- ☐ Finance & insurance
- ☐ Accommodation & food service
- ☐ Other (specify)
- ☐ Wholesale-other
- ☒ Retail

15 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.
BOOKS AND EQUIPMENT RETAIL

16a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No

Note: If "Yes," please complete lines 16b and 16c.

16b If you checked "Yes" on line 16a, give applicant's legal name & trade name shown on prior application, if different from line 1 or 2 above.
Legal name ►
Trade name ►

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.
Approximate date when filed (month, day, year) | City and state where filed | Previous EIN

Third Party Designee
Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.
Designee's name: VIRGINIA H BISLA
Designee's telephone number (include area code): (305) 817-0814
Address and ZIP code: 17600 NW 186TH AVE #A, MIAMI FL 33015
Designee's fax number (include area code): (305) 817-0815

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.
Applicant's telephone number (include area code): (786) 488-1598
Name and title (type or print clearly) ► ALBERTO ESCOBAR / PRESIDENT
Applicant's fax number (include area code): (305) 817-0815
Signature ► _____ Date ► 02/24/03

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 16055N Form SS-4 (Rev. 12-2001)

TOTAL P.01