

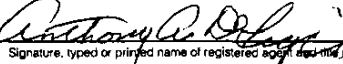



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2008 8:00 am**  
**Secretary of State**

04-02-2008 90027 026 \*\*\*150.00

<b>DOCUMENT # P03000026086</b>					
1. Entity Name <b>ALOHA RESORT, INC.</b>					
Principal Place of Business <b>2141 NORTHEAST 24TH ST. FT. LAUDERDALE, FL 33305</b>			Mailing Address <b>2141 NORTHEAST 24TH ST. FT. LAUDERDALE, FL 33305</b>		
2. Principal Place of Business - No P.O. Box # <b>855 NE 20TH AVE</b>		3. Mailing Address <b>2631 NE 14TH AVE</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>PENTHOUSE 400</b>			
City & State <b>FORT LAUDERDALE, FL</b>		City & State <b>WILTON MANORS, FL</b>		03282008 Chg-P CR2E034 (12/06)	
Zip <b>33304</b>		Country		4. FEI Number <b>47-0914908</b>	
Zip <b>33334</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>DERIGGI, ANTHONY A</b> <b>2141 N.E. 24TH ST</b> <b>FORT LAUDERDALE, FL 33305</b>				Name <b>DERIGGI, ANTHONY A</b>	
				Street Address (P.O. Box Number is Not Acceptable)	
				<b>2631 NE 14TH AVE, PENTHOUSE 400</b>	
				City <b>WILTON MANORS</b> <b>FL</b> Zip Code <b>33334</b>	
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 		<b>ANTHONY A DERIGGI</b> <b>PRESIDENT</b>		<b>3/31/08</b> <small>DATE</small>	
<small>Signature, typed or printed name of registered agent and not applicable. (NOTE: Registered Agent signature required when reinstating)</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>		<small>DATE</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DERIGGI, ANTHONY A 2141 NORTHEAST 24TH ST. FT. LAUDERDALE, FL 33305	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DERIGGI, ANTHONY A 2631 NE 14TH AVE, PENTHOUSE 400 WILTON MANORS, FL 33334	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 jkq empowered.					
SIGNATURE: 		<b>ANTHONY A DERIGGI</b>		<b>3/31/08</b> <b>9545795400</b> <small>Date</small> <small>Daytime Phone #</small>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	