2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000033660

1. Entity Name
ALBALADEJO, INC.

Principal Place of Business	Mailing Address
16836 NW 91 AVE	16836 NW 91 AVE
MIAMI LAKES, FL 33018 US	MIAMI LAKES, FL 33018 US

DO NOT WRITE IN THIS SPACE

01212006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
51-0456123	Not Applicable

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

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6. Name and Address of Current Registered Agent

ALHALADEJO, CATHERINE
16836 NW 91 AVE
MIAMI LAKES, FL 33018

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing ☐   **$5.00** May Be
Trust Fund Contribution.   Added to Fees

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10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ALBALADEJO, CATHERINE
STREET ADDRESS	16836 NW 91 AVE
CITY-ST-ZIP	MIAMI LAKES, FL 33018
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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000429175
02/21/06-80072-013 150.00

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #