

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000040713

1. Entity Name
ALMIRA GUARANTEE CORPORATION



Principal Place of Business

9461 SW 10 ST
MIAMI, FL 33174

Mailing Address

9461 SW 10 ST
MIAMI, FL 33174

FILED

05 JUL -1 PM 1:10

SECRET

11/19/04 TAO 01049 011 150.0



05272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

14-1882471

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALMIRA, ALEXANDER
9461 SW 10 ST
MIAMI, FL 33174

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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

Alexander Almira
Signature, typed and printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

6-10-5

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
ALMIRA, ALEXANDER
9461 SW 10 ST
MIAMI, FL 33174

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Alexander Almira
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-10-5

Date

305-227-9836

Daytime Phone #