

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000040749

Entity Name: AALMH USA CORPORATION

FILED
Apr 28, 2005
Secretary of State

Current Principal Place of Business:

13899 BISCAYNE BLVD.
SUITE 147
NORTH MIAMI, FL 33181

Current Mailing Address:

13899 BISCAYNE BLVD.
SUITE 147
NORTH MIAMI, FL 33181

New Principal Place of Business:

1861 N. FEDERAL HIGHWAY
SUITE 174
HOLLYWOOD, FL 33020

New Mailing Address:

1861 N. FEDERAL HIGHWAY
SUITE 174
HOLLYWOOD, FL 33020

FEI Number: 56-2346926

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALVAREZ, MARIA T
1420 SHERIDAN ST.
#5
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

ALVAREZ, MARIA T
1861 N. FEDERAL HIGHWAY
SUITE 174
HOLLYWOOD, FL 33020 US

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.

SIGNATURE:

04/28/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ALVAREZ, MARIA T
Address: 13899 BISCAYNE BLVD., SUITE 147
City-St-Zip: NORTH MIAMI, FL 33181

Title: D () Delete
Name: VERA, MIGUEL M
Address: 13899 BISCAYNE BLVD., SUITE 147
City-St-Zip: NORTH MIAMI, FL 33181

Title: D () Delete
Name: AMADO, JULLIO N
Address: 13899 BISCAYNE BLVD.
City-St-Zip: NORTH MIAMI, FL 33181

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ALVAREZ, MARIA T
Address: 1861 N. FEDERAL HIGHWAY
City-St-Zip: HOLLYWOOD, FL 33020

Title: D (X) Change () Addition
Name: VERA, MIGUEL M
Address: 1861 N. FEDERAL HIGHWAY
City-St-Zip: HOLLYWOOD, FL 33020

Title: D (X) Change () Addition
Name: AMADO, JULIO N
Address: 1861 N. FEDERAL HIGHWAY
City-St-Zip: HOLLYWOOD, FL 33020

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA T. ALVAREZ

P

04/28/2005

Electronic Signature of Signing Officer or Director

Date