

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000050594

FILED
May 07, 2004
Secretary of State

Entity Name: ALEDIAN CORPORATION

Current Principal Place of Business:

16400 COLLINS AVE
SUNNY ISLES BEACH, FL 33160

New Principal Place of Business:

801 NE 167 STREET
301
NORTH MIAMI BEACH, FL 33162

Current Mailing Address:

16400 COLLINS AVE
SUNNY ISLES BEACH, FL 33160

New Mailing Address:

801 NE 167 STREET
301
NORTH MIAMI BEACH, FL 33162

FEI Number: 45-0509439

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITE, OSCAR A ESQ
ONE NE 2 AVE
MIAMI, FL 33132 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FLOREZ, MERCEDES M.D.
Address: ONE NE 2 AVE
City-St-Zip: MIAMI, FL 33132

Title: D () Delete
Name: ZAIAS, NARDO M.D.
Address: ONE NE 2 AVE
City-St-Zip: MIAMI, FL 33132

Title: D () Delete
Name: WHITE, OSCAR A
Address: ONE NE 2 AVE
City-St-Zip: MIAMI, FL 33132

Title: D () Delete
Name: ZAIAS-FAST, MAGALY
Address: ONE NE 2 AVE
City-St-Zip: MIAMI, FL 33132

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: NARDO ZAIAS

DR

05/07/2004

Electronic Signature of Signing Officer or Director

Date