

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000054452

1. Entity Name  
ALEMAN CORPORATION



FILED

06 AUG 14 PM 2:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



08112006 Chg-P CR2E034 (11/05)

Principal Place of Business  
101 S.W. 61 AVENUE  
MIAMI, FL 33144

Mailing Address  
101 S.W. 61 AVENUE  
MIAMI, FL 33144

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
20-0402514

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

GARCIA, ANGELINA  
101 S.W. 61 AVENUE  
MIAMI, FL 33144

7. Name and Address of New Registered Agent

Name: *Mario F Aleman*

Street Address (P.O. Box Number is Not Acceptable)

*101 SW 61 Ave Miami FL 33144*

City: *MIAMI*

FL

Zip Code: *33144*

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]*

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  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

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

10. OFFICERS AND DIRECTORS

TITLE: **P**  
NAME: GARCIA, ANGELINA  
STREET ADDRESS: 101 S.W. 61 AVENUE  
CITY-ST-ZIP: MIAMI, FL 33144 ☒ Delete

TITLE: **VP**  
NAME: ALEMAN, MARIO F  
STREET ADDRESS: 101 S.W. 61 AVENUE  
CITY-ST-ZIP: MIAMI, FL 33144 ☐ Delete

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Delete

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Delete

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Delete

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Change ☐ Addition

**(PALEMAN MARIO F)**  
NAME: *PALEMAN MARIO F*  
STREET ADDRESS: *101 SW 61 Ave Miami FL*  
CITY-ST-ZIP: *33144*  
☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
300079053803  
08/23/06--01030--015 \*\*\*150.00

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Change ☐ 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 like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #