

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90655 002 ***150.00

DOCUMENT # P03000057793					
1. Entity Name ALIEN STATION CORPORATION					
Principal Place of Business P.O. BOX 570453 MIAMI, FL 33257-0453			Mailing Address P.O. BOX 570453 MIAMI, FL 33257-0453		
2. Principal Place of Business 6618 S.W. 24 ST. Suite, Apt. #, etc.			3. Mailing Address P.O. BOX 570453 Suite, Apt. #, etc.		
City & State MIAMI, FLORIDA			City & State MIAMI, FLORIDA		
Zip 33155		Country DADS		4. FCI Number 65-1103424	
Zip 33257		Country PERRINS		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PIJEIRA, CARLOS 6618 S.W. 24 ST. MIAMI, FL 33155				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 reappointing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00					
9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIJEIRA, CARLOS P.O. BOX 570453 MIAMI, FL 332570453	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(3)(b), 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 807, Florida Statutes; and that my name appears in block 10 or block 11 as changed, or on an attachment with an addendum, with all other like empowered.					
SIGNATURE: _____ 4-24-04 305-661-3733 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					