04 01:03 FROM:

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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FILED
Jun 18, 2004 8:00 am
Secretary of State

02-25-2004 90051 035 ***150.00

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MOORE CR2E034 (11/03)

DOCUMENT # P03000085627

1. Entity Name

ALADO BEACH INC.

Principal Place of Business	Mailing Address
~~100 N.BISCAYNE BLVD SUITE 2904 MIAMI FL 33132 US~~ 115 CORAL REEF TER N. POTOMAC, MD 20878	~~9741 TRAVILLE GATEWAY DR. ROCKVILLE MD 20850 US~~ SAME

2. Principal Place of Business	3. Mailing Address
115 CORAL REEF TER	115 CORAL REEF TER
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: N. POTOMAC, MD	City & State: N. POTOMAC MD
Zip: 20878 Country: US	Zip: 20878 Country: US

4. FEI Number 20-1230415 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BENICHAY, BRIGITTE
100 N.BISCAYNE BLVD
SUITE 2904
MIAMI FL 33132

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 reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	AMAR, ALBERT	NAME	Amar ALBERT
STREET ADDRESS	~~9741 TRAVILLE GATEWAY DR.~~ 115 Coral Reef Ter	STREET ADDRESS	115 CORAL REEF TER
CITY-ST-ZIP	~~ROCKVILLE MD 20850~~ N. POTOMAC, MD 20878	CITY-ST-ZIP	N. POTOMAC, MD 20878
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	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 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: AMAR ALBERT 305-379-7220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #