

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000104258

1. Entity Name
ALOMEZ, INC.



Principal Place of Business
6323 MIRAMAR PKWY
MIRAMAR, FL 33023

Mailing Address
6323 MIRAMAR PKWY
MIRAMAR, FL 33023



04162005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
81-0632772

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ZULUAGA, MARIA E
6323 MIRAMAR PARKWAY
MIRAMAR, FL 33023

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IN THIS SPACE**

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1100000320294
04/21/05-80031-012 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ZULUAGA, MARIA E
STREET ADDRESS 13898 SW 32ND STREET
CITY-ST-ZIP MIRAMAR, FL 33027

TITLE STD
NAME OSORIO, ANGEL
STREET ADDRESS 20502 NW 44TH COURT
CITY-ST-ZIP CAROL CITY, FL 33055

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Maria E Zuluaga
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/05

Date

954 967 9777

Daytime Phone #