

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90376 007 ***150.00

DOCUMENT # P03000125731

1. Entity Name
ALEMAN LAND INVESTORS INC.



Principal Place of Business
15619 SW 24 TERRACE
MIAMI, FL 33185

Mailing Address
15619 SW 24 TERRACE
MIAMI, FL 33185

2. Principal Place of Business
5555 Collins Ave
Suite, Apt. #, etc.
15-C

3. Mailing Address
5555 Collins Ave
Suite, Apt. #, etc.
15-C

City & State
Miami Beach FL
Zip 33140 Country

City & State
Miami Beach FL
Zip 33140 Country

04102006 Chg-P CR2E034 (11/05)

4. FEI Number
20-1151718
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ALEMAN, JOSE M
13421 SW 25 ST
MIAMI, FL 33175

7. Name and Address of New Registered Agent

Name Aleman Jose M
Street Address (P.O. Box Number is Not Acceptable)

5555 Collins Ave # 15-C
City Miami FL Zip Code 33140

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
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME ALEMAN, JOSE M
STREET ADDRESS 15619 SW 24 TERRACE
CITY-ST-ZIP MIAMI, FL 33185 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D Aleman Jose M ☐ Change ☒ Addition
NAME
STREET ADDRESS 5555 Collins Ave # 15-C
CITY-ST-ZIP Miami Beach FL 33140

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

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

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

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

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 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 #