2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2006 08:00 Al Secretary of State

DOCUMENT # P04000013117 1. Entity Name AGUSTIN D. ALANIS, INC.					Secretary of State			
Principal Plac	ce of Business	Mailing Address			1			
12509 LOVE RIVERVIEW,			12509 LOVERS LANE RIVERVIEW, FL 33569					
2. Principal P	Place of Business	3. Mailing Address						
Suite, Apt. #, etc		Suite, Apt. #, etc.			04262006	Chg-P	CR2E034 (11	/05)
City & State		City & State			4. FEI Numi 20-06		-	Applied For Not Applicable
Zip Country		Zip Country		ntry	5. Certificat	e of Status Desired	□ \$8.75 Fee Re	5 Additional
	6. Name and Address of Curre	nt Registered Agent			7. Name an	d Address of New I	Registered Agent	
ALANIS, AGUSTIN				Name				
12509 LO\	VERS LANE W, FL 33569			Street Address	(P.O. Box Numl	per is Not Acceptable	le)	
				City			Fa Zin	- Code
# The street		f - 4		1	·		FL '	
the obligat	named entity submits this statement tions of registered agent.	tor the purpose of changing its	s register	ed office or registe	ered agent, or b	oth, in the State of Fi	lorida. I am familiar	with, and accept
SIGNATURE	Signature, typed or printed name of registered age	ent and this if applicable (NO	TE; Registere	ed Agent signature require	od when reinstalling)		DATE	
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550	9. Election Campa Trust Fund Con			5.00 May Be ded to Fees			
10.	 	D DIRECTORS	11.		ADDITIONS	/CHANGES TO OF	FICERS AND DIREC	TORS IN 11
TITLE NAME	D ALANIS, AGUSTIN D	Delete	TITL				☐ Ch.	ange 🔲 Addition
STREET ADDRESS	DRESS 12509 LOVERS LANE		NAME STREET ADDRESS			Nōoōō	0555500	
CITY-ST-ZIP				'-SY-ZIP		U5/15/U5·	-80001-025	
TITLE NAME	Delate		TITLE NAM	- į			☐ Ch	ange 🗌 Addition
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP			CITY	-ST-2IP	<u>.</u>		- 1-44 - T	
TITLE		☐ Delete	TITLE				☐ Cha	ange 🔲 Addition
NAME STREET ADDRESS			NAM STRE	ET ADDRESS				
CITY-ST-ZIP			1	-SY-ZIP				
TITLE		☐ Delete	TITLE	i			☐ Cha	ange 🔲 Addition
NAME STREET ADDRESS			NAM	E ET ADORESS				
CITY-ST-ZIP			1	-ST-ZIP				
TITLE		☐ Delete	TITLE	E			Cha	ange 🔲 Addition
NAME STREET ADDRESS			NAM!	- 1				
CITY+ST-ZIP			1	ET ADDRESS -SI-ZIP				
TITLE		☐ Delete	TITLE	E			☐ Cha	ange 🗌 Addition
NAME			NAM	1				
STREET ADDRESS CITY-ST-ZIP	•			ET ADDRESS -ST-ZIP				
12. I hereby of indicated of the corrections	certify that the information supplied w on this report or supplemental report poration or the receiver of trustee em or on an attachment with an access	ith this filing does not qualify for is true and accurate and that powered to execute this report		1	d in Chapter 11 same legal effe 7, Florida Statut	9, Florida Statutes. ct as if made under es; and that my nam	I further certify that cath; that I am an o se appears in Block	the information fficer or director 10 or Block 11 if
changed,	or on an attachment with all audies	., raur an on et like ettipowered	1.			-1-		
SIGNAT	URE:	R PRINTED NAME OF SIGNING OFFICER	OR DIPERT	TOR	<u> </u>	8/06_	Daytime Phy	one #
		······································			•	Date	Dayining PTN	ane r