



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 05, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000055464 1. Entity Name ALIRIO'S, INC.	
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Principal Place of Business 6105 NW 39TH STREET VIRGINIA GARDENS, FL 33166	Mailing Address 6105 NW 39TH STREET VIRGINIA GARDENS, FL 33166
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DO NOT WRITE IN THIS SPACE



08312006 No Chg-P CR2E034 (11/05)

4. FEI Number 34-2009186	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SILVA, ALIRIO JR.
6105 NW 39TH STREET
VIRGINIA GARDENS, FL 33166**

**DO NOT WRITE
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 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SILVA, ALIRIO JR. 6105 NW 39TH STREET VIRGINIA GARDENS, FL 33166
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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:  **8/30/06 786-413-6195**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #