JUN-21-2005 01:57 PM M.A.R.I.O/Y.O.R.Y.

JUN-21-2005 01:07 PM AL.ACOSTA

CONTROLES ESTRUCTURALES 3-1

06-27-2005 90002 019 ***150.00
P04000062676

FILED
05 JUL 14 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

50053782

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000062676

1. Entity Name
ALETHIA CORPORATION

Principal Place of Business	Mailing Address
21200 POINT PLACE, UNIT 601 AVENTURA, FL 33180	21200 POINT PLACE, UNIT 601 AVENTURA, FL 33180

06102005 Chg-Y CR2E004 (10/05)

2. Principal Place of Business	3. Mailing Address
6130 Vista Linda Lane	6130 Vista Linda Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boca Raton, Fl	City & State: Boca Raton, Fl
Zip: 33433 Country: US	Zip: 33433 Country: US

4. FEI Number: 20-0100458 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

REGISTERED AGENTS OF FLORIDA, LLC
100 SOUTHEAST SECOND STREET, SUITE 2900
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name: Steven H Machiela CPA PA
Street Address (P.O. Box Number is Not Acceptable): 6801 Lake Worth Road Suite 124
City: Lake Worth FL Zip Code: 33467

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] 6/18/05
Registered Agent Signature (if changing Registered Agent) DATE

FILE NOW!!! FEE IS $150.00 Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ $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.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: President NAME: mario J Yory STREET ADDRESS: 6130 Vista Linda Ln CITY-ST-ZIP: Boca Raton, Fl 33433	☐ Change ☑ Addition
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

7/14

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: Mario J Yory [signature] 561-367-1940
Typed or Printed Name of Signing Officer or Director — Date — Daytime Phone #