

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000132486

1. Entity Name
ALTON SPORTS IN MOTION, INC.



Principal Place of Business
**1448 ALTON RD
MIAMI BEACH, FL 33139**

Mailing Address
**1448 ALTON RD
MIAMI BEACH, FL 33139**

DO NOT WRITE IN THIS SPACE



03232006 No Chg-P CR2E034 (11/05)

4. FEI Number
56-2485680

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ALMAN, MARTIN H
17290 N.E. 19TH AVENUE
NORTH MIAMI BEACH, FL 33162-2210**

**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 _____
(a) If typed, typed or printed name of registered agent and title if applicable. (b) If handwritten, Registered Agent signature required when renewing. 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**

000000543382

05/10/06-80135-021 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**PTD
KASTIN, ALICE
9 ISLAND AVE, SUITE 1804
MIAMI BEACH, FL 33139**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**SVD
GROSS, MARTHA
9 ISLAND AVE, SUITE 1804
MIAMI BEACH, FL 33139**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
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 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: *Alice Kastin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2506 305 531-0008

Date Daytime Phone #

ALICE KASTIN