

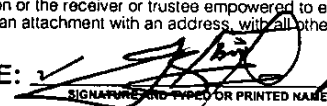


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-17-2006 90405 009 ***150.00

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DOCUMENT # P05000013824 1. Entity Name ALKKO INTERNATIONAL INC																																
Principal Place of Business 13043 NW 8TH STREET PEMBROKE PINES, FL 33026			Mailing Address 13043 NW 8TH STREET PEMBROKE PINES, FL 33026																													
2. Principal Place of Business 13043 N.W. 8TH STREET		3. Mailing Address 																														
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		02282006 Chg-P CR2E034 (11/05)																												
City & State PEMBROKE PINES, FL		City & State 		4. FEI Number 20-2225788																												
Zip 33028		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																												
6. Name and Address of Current Registered Agent INCIARTE, ABDON 13043 NW 8TH STREET PEMBROKE PINES, FL 33026				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																												
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 <input checked="" type="checkbox"/> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																														
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">P</td> <td style="width: 40%;">NAME</td> <td style="width: 10%; text-align: center;">Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>INCIARTE, ABDON S</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td>13043 NW 8TH STREET PEMBROKE PINES, FL 33026</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;"></td> <td style="width: 40%;">NAME</td> <td style="width: 10%; text-align: center;">Change</td> <td style="width: 10%; text-align: center;">Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	P	NAME	Delete	STREET ADDRESS		INCIARTE, ABDON S		CITY - ST - ZIP		13043 NW 8TH STREET PEMBROKE PINES, FL 33026		TITLE		NAME	Change	Addition	STREET ADDRESS					CITY - ST - ZIP				
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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:  ABDON INCIARTE 04-12-06 447 0492 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																