2007 FOR PROFIT CORPORATION ... ANNUAL REPORT (AR)

if changed, or on an attachment with arraddress, with all other like empowered.

SIGNATURE:

DOCUMENT # P05000044577 Feb 26, 2007 08:00 AM **Secretary of State** 1. Entity Namo ALDO ENTERPRISES, INC. Principal Place of Business Mailing Address 1418 SUMMER AVENUE 1418 SUMMER AVENUE JUPITER FL 33469 JUPITER FL 33469 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suito, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) 4. FEI Number Applied For City & State City & State 20-2602462 Not Applicate Country Ζiρ Country \$8.75 Additional 5. Cortificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo ALDO, LEE P Stract Address (P.O. Box Number is Not Acceptable) 1418 SUMMER AVENUE JUPITER FL 33469 Zip Code 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 access the obligations of registered agent. SIGNATURE DATE (NOTE: Registered Agent signature required when rematering) ed agent and tifle i applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 8 After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ A... Change me 111111 ☐ Delete H00000647601 ALDO, LEE P NAMI NAM 03/06/07-80079-012 150.00 1418 SUMMER AVENUE SHIEL LADDIT SS SUICE LADDRESS JUPITER FL 33469 CITY ST ZIP City ST 787 Agand ☐ Change ☐ Defete Ш 11111 NAME NAM STREET ADOM SS SHEET ADDRESS CITY ST 70" CHY-SI ZIP Change □ ###" ☐ Delete HITTE NAM NAME SHIELL ADDRESS SIRELL ADDRESS CHÝ ST 71P CHY SI ZIP Change Atrain mu ☐ Delete NAM STREET ADDRESS SHAFFADDRESS CITY ST 7IP CHY SI-78 ☐ Change □ A^t Delete HH 11111 NAME MALE STREET ADDRESS SIRLLI ADDRESS CITY ST ZIP CITY ST-71P 114 ☐ Delete HILE ☐ Change HILL NAME NAM STREET ADDRESS SIDET I ADDRESS CHY-ST ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutos. I further certify that the information indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath, that I am an efficer or direction of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutos, and that my name appears in Block 10 or Block 1

SEFICER OF DIRECTOR

FILED