

**2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P05000048660

**FILED**  
**Aug 15, 2006**  
**Secretary of State****Entity Name:** ALUMAR INC**Current Principal Place of Business:**13562 SW 99 TERRACE  
MIAMI, FL 33186**New Principal Place of Business:**18312 NW 68 AVE  
APT D  
MIAMI, FL 33015 US**Current Mailing Address:**13562 SW 99 TERRACE  
MIAMI, FL 33186**New Mailing Address:**18312 NW 68 AVE  
APT D  
MIAMI, FL 33015 US**FEI Number:** 20-5378883**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**COHEN, CARLOS A  
13562 SW 99 TERRACE  
MIAMI, FL 33186 US**Name and Address of New Registered Agent:**COHEN, CARLOSA A  
18312 NW 68 AVE  
APT D  
MIAMI, FL 33015 US

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.

SIGNATURE: CARLOS A COHEN

08/15/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** P ( ) Delete  
**Name:** COHEN, CARLOS A  
**Address:** 13562 SW 99 TERRACE  
**City-St-Zip:** MIAMI, FL 33186**Title:** VP ( ) Delete  
**Name:** OSORIO, RIXIE M  
**Address:** 13562 SW 99 TERRACE  
**City-St-Zip:** MIAMI, FL 33186**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P (X) Change ( ) Addition  
**Name:** COHEN, CARLOS A  
**Address:** 18312 NW 68 AVE APT D  
**City-St-Zip:** MIAMI, FL 33015 US**Title:** VP (X) Change ( ) Addition  
**Name:** OSORIO, RIXIE M  
**Address:** 18312 NW 68 AVE APT D  
**City-St-Zip:** MIAMI, FL 33015 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS A COHEN

P

08/15/2006

Electronic Signature of Signing Officer or Director

Date