

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jun 21, 2006 8:00 am
Secretary of State

05-09-2006 90077 021 ***150.00

DOCUMENT # P05000053481 1. Entity Name ALKIM DESIGNS INC.			
Principal Place of Business 7825 SW 57TH AVE. MIAMI FL 33143		Mailing Address 7825 SW 57TH AVE. MIAMI FL 33143	
2. Principal Place of Business <i>13301 S.W. 110 Terr.</i>		3. Mailing Address 	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <i>Miami FL</i>		City & State 	
Zip <i>33186</i>		Country <i>USA</i>	
4. FEI Number <i>20-2740912</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent URDANETA, MAGALY 7825 SW 57TH AVE. MIAMI FL 33143		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)</small>			
FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	NAME URDANETA, MAGALY	TITLE <i>President</i>	NAME <i>Magaly Urdaneta</i>
STREET ADDRESS 7825 SW 57TH AVE.	CITY-ST-ZIP MIAMI FL 33143	STREET ADDRESS <i>13301 S.W. 110 Terr.</i>	CITY-ST-ZIP <i>Miami FL 33186</i>
CITY-ST-ZIP 		CITY-ST-ZIP 	
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
CITY-ST-ZIP 		CITY-ST-ZIP 	
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CITY-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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <i>4-24-06</i>	
		Daytime Phone # <i>786-3339885</i>	