

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90092 045 ***150.00

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000068075

1. Entity Name
ALEJANDRO INGELMO, INC.



40003000

Principal Place of Business

2337 NW 5TH AVENUE
MIAMI, FL 33127

Mailing Address

2337 NW 5TH AVENUE
MIAMI, FL 33127

2. Principal Place of Business - No P.O. Box #

1551 N.W. 29th St

3. Mailing Address

1551 N.W. 29th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04212008

Chg-P

CR2E034 (12/06)

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

20-2826382

Applied For

Not Applicable

Zip

33142

Country

USA

Zip

33142

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SANCHELIMA & ASSOCIATES, P.A.
235 S.W. LEJEUNE ROAD
MIAMI, FL 33134

7. Name and Address of New Registered Agent

Name CRISTOBAL INGELMO

Street Address (P.O. Box Number is Not Acceptable)
1551 N.W. 29th St

City MIAMI FL Zip Code 33142

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME INGELMO, ALEJANDRO ☐ Delete
STREET ADDRESS 2337 NW 5TH AVENUE
CITY-ST-ZIP MIAMI, FL 33127

TITLE S/D
NAME INGELMO CRISTOBAL ☐ Delete
STREET ADDRESS 1551 N.W. 29th St
CITY-ST-ZIP MIAMI FL 33142

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 1551 N.W. 29th St
CITY-ST-ZIP MIAMI FL 33142

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #