APPROVID 05-02-2006/90181 041 ***158.75 ; RÖ5000070221 2006 FOR PROFIT CORPORATION **ANNUAL REPORT** 06 JUL 25 AM 10: 19 **DOCUMENT # P05000070221** 1. Entity Name ALDIM, INC. SECRETARY OF STATE TALLAHASSEE. FLO Principal Place of Business Mailing Address 8765 CLEARY BLVD 8765 CLEARY BLVD PLANTATION, FL 33324 PLANTATION, FL 33324 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 04282006 Chq-P CR2E034 (11/05) 4. FEI Number 20 - 282 3672 City & State City & State Applied For Not Applicable Zip Country Zω Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7: Name and Address of New Registered Agent - --- 6. Name and Address of Current Registered Agent L. GIRALDO ALUARO BOSCH, JAIRO M Street Address (P.O. Box Number is Not Acceptable) 5440 N STATE RD 7 SUITE 5 FT LAUDERDALE, FL 33319 Cleary BLUD 8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar the obligations of regi PRESIDENT ALUARO L. GIRALDO SIGNATURE X 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PVST Delete Addition TITLE ☐ Change TITLE GIRALDO, ALVARO L HAME HAME STREET ADDRESS STREET ADDRESS 8765 CLEARY BLVD PLANTATION, FL 33324 CITY-S1-21P CITY-ST-ZIP HILE ☐ Delete HILE Charge Addition GIRALDO, ALVARO L HAME HAME STREET ADDRESS 8765 CLEARY BLVD CTESSEE ATTROPESCO PLANTATION, FL 33324 CITY - ST - 7IP City-St-ZiP Delete (III) F Change Addition HILE NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition HANE NAME STREET ADDRESS STREET ADDRESS CID-SI-7P CITY-ST-ZIP Delete TIFLE ☐ Change Addition TITLE HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CALA-21-51-51 D Delete TITLE Change Addition TITLE HAME HAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 ii

changed, or on an allachmer ALUARO L. GIRALDO

SIGNATURE: A