2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2006
Secretary of State

DOCUMENT# P05000115708

Entity Name: THE ALLIGATOR GROUP, INC.

Current Principal Place of Business:

3529 PINETREE DRIVE
MIAMI BEACH, FL 33140 US

New Principal Place of Business:

3550 BISCAYNE BOULEVARD
706
MIAMI, FL 33137 US

Current Mailing Address:

3529 PINETREE DRIVE
MIAMI BEACH, FL 33140 US

New Mailing Address:

3550 BISCAYNE BOULEVARD
706
MIAMI, FL 33137 US

FEI Number: 20-3332569 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVID A. ARONSON, CPA, P.A.
1000 NE 176TH STREET
NORTH MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: COHEN, SETH A
Address: 3529 PINETREE DRIVE
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: VP ( ) Delete
Name: COHEN, SETH A
Address: 3529 PINETREE DRIVE
City-St-Zip: MIAMI BEACH, FL 33140 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: COHEN, SETH A
Address: 3550 BISCAYNE BOULEVARD
City-St-Zip: MIAMI, FL 33137 US

Title: VP (X) Change ( ) Addition
Name: GAZIT, ZOHAR
Address: 3550 BISCAYNE BOULEVARD
City-St-Zip: MIAMI, FL 33137 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: SETH COHEN P 08/01/2006

Electronic Signature of Signing Officer or Director Date