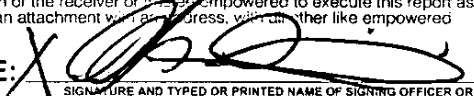


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 20, 2006 8:00 am
Secretary of State

06-20-2006 90012 048 ***150.00

DOCUMENT # P05000124015 1. Entity Name ADAM ALIBERTI SPECIALTIES INC					
Principal Place of Business 1612 GREEN ACRES CIRCLE APT P104 PORT ST LUCIE, FL 34952			Mailing Address 1612 GREEN ACRES CIRCLE APT P104 PORT ST LUCIE, FL 34952		
2. Principal Place of Business 2031 SW AMERICANA ST Suite, Apt. #, etc.		3. Mailing Address PO BOX 133 Suite, Apt. #, etc.			
City & State PORT ST LUCIE FL Zip 34953		City & State Jensen Beach FL Zip 34958		4. FEI Number 20-3427093	
Country USA		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALIBERTI, ADAM N 1612 GREEN ACRES CIRCLE APT P104 PORT ST LUCIE, FL 34952				7. Name and Address of New Registered Agent Name ADAM N ALIBERTI Street Address (P.O. Box Number is Not Acceptable) 2031 SW AMERICANA ST Port St Lucie City FL 34953	
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, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent Signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME ALIBERTI, ADAM N STREET ADDRESS 1612 GREEN ACRES CIRCLE CITY - ST - ZIP PORT ST LUCIE, FL 34952	☐ Delete		TITLE P NAME ADAM N ALIBERTI STREET ADDRESS 2031 SW AMERICANA ST CITY - ST - ZIP PORT ST LUCIE, FL 34953	☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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 my address, with another like empowered.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					