

FILED  
Apr 27, 2006 8:00 am  
Secretary of State

04-27-2006 90217 030 \*\*\*150.00

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P05000134670

1. Entity Name  
ALDAY INVESTMENT, INC.



Principal Place of Business  
4800 HIOLLCREST LN STE 504  
HOLLYWOOD, FL 33021

Mailing Address  
4800 HIOLLCREST LN STE 504  
HOLLYWOOD, FL 33021



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04212006 Chg-P CR2E034 (11/05)

4. FEI Number

20-3765252

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FERRER, JOSE  
4800 HIOLLCREST LN STE 504  
HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete  
NAME FERRER, ALICIA  
STREET ADDRESS 4800 HIOLLCREST LN STE 504  
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE DS ☐ Delete  
NAME FERRER, YASSICA M  
STREET ADDRESS 4800 HIOLLCREST LN STE 504  
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE DV ☐ Delete  
NAME FERRER, JOSE B  
STREET ADDRESS 4800 HIOLLCREST LN STE 504  
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE DT ☐ Delete  
NAME FERRER, JOSE  
STREET ADDRESS 4800 HIOLLCREST LN STE 504  
CITY-ST-ZIP HOLLYWOOD, FL 33021

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  
CITY-ST-ZIP

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

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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

4-24-06 954 9648249

Date

Daytime Phone #