


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 14, 2006 8:00 am
Secretary of State

09-14-2006 90001 016 ***150.00

DOCUMENT # P05000148862	
1. Entity Name ALMARE SOLUTIONS, INC	

Principal Place of Business 2345 WEST, 80 TH STREET #4 HIALEAH, FL 33016	Mailing Address 6414 MIAMI LAKES DR EAST MIAMI LAKES, FL 33016
--	--

2. Principal Place of Business 6414 MIAMI LAKES DR EAST	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Miami Lakes	City & State
Zip 33014	Country 33014

6. Name and Address of Current Registered Agent PEREZ, MANUEL I 6414 MIAMI LAKES DR EAST MIAMI LAKES, FL 33016	
--	--

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 x Alberto Rios	x Vice President
DATE 9/14/06	

FILE NOW!!! FEE IS \$150.00 Due by September 15, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PEREZ, MANUEL I		NAME	
STREET ADDRESS 6414 MIAMI LAKES DR EAST		STREET ADDRESS	
CITY-ST-ZIP MIAMI LAKES, FL 33014		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RIOS, ALBERTO		NAME	
STREET ADDRESS 18855 NW, 85TH AVE #1701		STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 33015		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: x Alberto Rios Vice-President	x 09/14/06
DATE 9/14/06	

60038935



09082006 Chg-P CR2E034 (11/05)

4. FEI Number **20-3752147** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required