

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90179 032 \*\*\*150.00

**DOCUMENT # P05000148862**

1. Entity Name  
**ALMARE SOLUTIONS, INC**



Principal Place of Business  
**6414 MIAMI LAKES DR EAST  
MIAMI LAKES, FL 33014**

Mailing Address  
**6414 MIAMI LAKES DR EAST  
MIAMI LAKES, FL 33014**

**40095369**



**DO NOT WRITE IN THIS SPACE**

01262008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**20-3752147**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**PEREZ, MANUEL I  
6414 MIAMI LAKES DR EAST  
MIAMI LAKES, FL 33016**

**DO NOT WRITE  
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	PEREZ, MANUEL I
STREET ADDRESS	6414 MIAMI LAKES DR EAST
CITY - ST - ZIP	MIAMI LAKES, FL 33014
TITLE	VP
NAME	RIOS, ALBERTO
STREET ADDRESS	18855 NW, 85TH AVE #1701
CITY - ST - ZIP	MIAMI, FL 33015
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Vice President*

*x 4/29/08 x 786 488 0795*