



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 29, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90325 045 \*\*\*150.00

<b>DOCUMENT # P06000003680</b> 1. Entity Name <b>ALARISAL CONSTRUCTION CORP.</b>					
Principal Place of Business <b>9917-2 NW 9TH STREET CIRCLE MIAMI, FL 33172</b>				Mailing Address <b>9917-2 NW 9TH STREET CIRCLE MIAMI, FL 33172</b>	
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>20-4196180</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>BAROUDI, CARMEN I 800 BRICKELL AVE STE 1000 MIAMI, FL 33131</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE .. NAME STREET ADDRESS CITY - ST - ZIP	<b>PD SCETTRO, SALVADOR A 9917-2 NW 9TH STREET CIRCLE MIAMI, FL 33172</b>	<input type="checkbox"/> Delete			
TITLE .. NAME STREET ADDRESS CITY - ST - ZIP	<b>S CASTILLO, ISABEL 9917-2 NW 9TH STREET CIRCLE MIAMI, FL 33172</b>	<input type="checkbox"/> Delete			
TITLE .. NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE .. NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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TITLE .. NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE .. NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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					
<b>SIGNATURE: <u>Isabel Castillo</u>      <u>04-10-07</u>      <u>(305) 298491</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone</small>					