
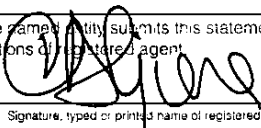
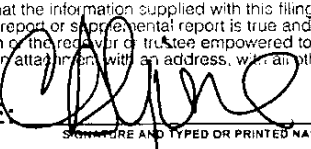


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90070 012 \*\*\*150.00

<b>DOCUMENT # P06000020269</b> 1. Entity Name <b>ALJURE FINANCIAL GROUP, INC</b>					
Principal Place of Business <del>13499 BISCAYNE BLVD</del> <del># 805</del> <del>NORTH MIAMI, FL 33181</del>			Mailing Address <del>13499 BISCAYNE BLVD</del> <del># 805</del> <del>NORTH MIAMI, FL 33181</del>		
2. Principal Place of Business - No P.O. Box # <b>10000 Stirling Rd</b> Suite, Apt. #, etc. <b>4B</b>		3. Mailing Address <b>10000 Stirling Rd</b> Suite, Apt. #, etc. <b>4B</b>			
City & State <b>Cooper City - FL</b>		City & State <b>Cooper City - FL</b>		4. FEI Number <b>20-4340684</b>	
Zip <b>33024</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ALJURE, JUAN CARLOS</b> <b>13499 BISCAYNE BLVD</b> <b>#805</b> <b>NORTH MIAMI, FL 33181</b>			7. Name and Address of New Registered Agent Name <b>ALJURE, JUANCARLOS</b> Street Address (P.O. Box Number is Not Acceptable) <b>10000 Stirling Rd</b> <b>Ste #4B</b> City <b>Cooper City</b> <b>FL</b> Zip Code <b>33024</b>		
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, the registered agent. SIGNATURE  <b>JUANCARLOS ALJURE</b> <b>5/2/2007</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 14, 2007</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALJURE, JUAN CARLOS 13499 BISCAYNE BLVD, #805 NORTH MIAMI, FL 33181	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALJURE, JUANCARLOS 10000 Stirling Rd #4B Cooper City - FL-33024	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FORERO, ANAMARIA 13499 BISCAYNE BLVD, #805 NORTH MIAMI, FL 33181	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FORERO, ANAMARIA 10000 Stirling Rd #4B Cooper City - FL-33024	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> 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 an address, with an other like empowered.					
SIGNATURE  <b>JUANCARLOS ALJURE</b> <b>5/2/2007</b> <b>(305) 9755784</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



ATTACHMENT

**Allstate.**

You're in good hands.

40107389

Juancarlos Aljure  
Exclusive Agent  
10000 Stirling Road Suite 4B  
Cooper City, FL 33024  
954-435-6835 Office  
954-435-6836 Fax  
305-975-5784 Cell

Thursday, May 03, 2007

Dear Sirs:

Find enclosed the annual report for my corporation Aljure Financial Group, Inc.  
Document Number P06000020269 Please accept my payment in the amount of \$150.00.

I have become aware that this filing had to be done before May 1<sup>st</sup>. Since I never received the prior notice I did not do the filing in time. Since the corporation was created, the mailing and business address was moved from my prior residence to my office location. I have requested the change of address in the annual report document.

I was told that you have the flexibility to waive the penalty for the late submission; I hope that you give me that allowance. If not, please let me know how to make the payment of the penalty.

I appreciate your time and the work that you do and I hope to hear from you soon.

Sincerely,

Juancarlos Aljure