


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90056 030 ***150.00

DOCUMENT # P06000031575	
1. Entity Name ALAGA SERVICES COMPANY	

40053193



03032007 Chg-P CR2E034 (12/06)

Principal Place of Business 4430 NW 79TH AVE #1A DORAL, FL 33166		Mailing Address 4430 NW 79TH AVE #1A DORAL, FL 33166	
2. Principal Place of Business - No P.O. Box # 5580 NW 107 AVE		3. Mailing Address 5580 NW 107 AVE	
Suite, Apt. #, etc. 1208		Suite, Apt. #, etc. 1208	
City & State Doral, FL		City & State Doral, FL	
Zip FL 33178	Country Miami-Dade	Zip 33178	Country Miami-Dade

4. FEI Number 20-4437295	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ALICANDU, ALBERTO J 4430 NW 79TH AVE #1A DORAL, FL 33166	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5580 NW 107 AVE #1208 City Doral FL Zip Code 33178
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP AYUBE, ALEJANDRO A 4430 NW 79TH AVE #1A DORAL, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5580 NW 107 AVE # 1208 Doral, FL 33178
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GARCIA, PEDRO V 4430 NW 79TH AVE #1A DORAL, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 5580 NW 107 AVE # 1208 Doral, FL 33178
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALICANDU, ALBERTO J 4430 NW 79TH AVE #1A DORAL, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 5580 NW 107 AVE # 1208 Doral, FL 33178
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 all entities like empowered.

SIGNATURE:  03/30/07 786-344-6607

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #