


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000070368 1. Entity Name ALKOLEA & SON INC	
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Principal Place of Business 210 172 ST #232 SUNNY ISLES BEACH, FL 33160	Mailing Address 210 172 ST #232 SUNNY ISLES BEACH, FL 33160
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DO NOT WRITE IN THIS SPACE



03102008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-4918892	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ALCOLEA, HERIBERTO 210 172 ST 232 SUNNY ISLES BEACH, FL 33160

**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALCOLEA, HERIBERTO 210 172 ST SUITE#232 SUNNY ISLES BEACH, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALCOLEA, HERIBERTO JR 1790 79 ST NORTH BAY VILLAGE, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/28/08-80014-016 150.00

**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, or other like, empowered.

SIGNATURE: 	03/10/08	786-506-6829
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>