

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P07000008384

07-30-2008 90028 046 ***150.00

1. Entity Name
DENIS ALEMAN, CORP



Handwritten signature/initials

66016154



Principal Place of Business
1531 DREXEL RD.
LOT # 19
WEST PALM BEACH, FL 33417

Mailing Address
1531 DREXEL RD.
LOT # 19
WEST PALM BEACH, FL 33417

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08262008

Chg-P

CR2E034 (12/06)

4. FEI Number

262864046

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALEMAN, DENIS
1531 DREXEL RD
LOT# 19
WEST PALM BEACH, FL 33417

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Handwritten signature
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS, IF ANY

TITLE	P	☐ Delete
NAME	ALEMAN, DENIS	
STREET ADDRESS	1531 DREXEL RD	
CITY - ST - ZIP	WEST PALM BEACH, FL 33417	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 a address with all other like empowered

SIGNATURE:

Handwritten signature
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(56) 08262008 0932

SEP 1 3 36 PM '08
STATE OF FLORIDA
CLERK OF THE COURT