

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90030 050 \*\*\*150.00

<b>DOCUMENT # P07000011788</b>						
<b>1. Entity Name</b> ALNA REALTY, INC.						
<b>Principal Place of Business</b> 400 KINGS POINT DR STE 1421 SUNNY ISLES BEACH, FL 33160			<b>Mailing Address</b> 400 KINGS POINT DR STE 1421 SUNNY ISLES BEACH, FL 33160			
<b>40062925</b>						
<b>2. Principal Place of Business - No P.O. Box #</b> 400 KINGS POINT DR		<b>3. Mailing Address</b> 400 KINGS POINT DR				
Suite, Apt. #, etc. STE 1222		Suite, Apt. #, etc. STE 1222				
City & State Sunny ISLES BEACH, FL		City & State Sunny ISLES BEACH, FL				
Zip 33160		Country USA		Zip 33160		
Country USA		<b>4. FEI Number</b> 65-1073997				
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>						
<b>6. Name and Address of Current Registered Agent</b> LYUSTIKMAN, BORIS 400 KINGS POINT DR STE 1421 SUNNY ISLES BEACH, FL 33160			<b>7. Name and Address of New Registered Agent</b> Name <u>LYUSTIKMAN, BORIS</u> Street Address (P.O. Box Number is Not Acceptable) <u>400 KINGS POINT DR STE 1222</u> City <u>Sunny ISLES BEACH FL</u> Zip Code <u>33160</u>			
<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 registered agent.</b>						
<b>SIGNATURE</b> _____ <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</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> 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>			
<b>TITLE</b> PST	<b>NAME</b> LYUSTIKMAN, BORIS		<input checked="" type="checkbox"/> Delete	<b>TITLE</b> PST	<b>NAME</b> LYUSTIKMAN, BORIS	
<b>STREET ADDRESS</b> 400 KINGS POINT DR - STE 1421	<b>CITY - ST - ZIP</b> SUNNY ISLES BEACH, FL 33160		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>STREET ADDRESS</b> 400 KINGS POINT DR - STE 1222	<b>CITY - ST - ZIP</b> Sunny ISLES BEACH, FL 33160	
<b>TITLE</b> VP	<b>NAME</b> LYUSTIKMAN, BORIS		<input checked="" type="checkbox"/> Delete	<b>TITLE</b> PST	<b>NAME</b> LYUSTIKMAN, BORIS	
<b>STREET ADDRESS</b> 400 KINGS POINT DR - STE 1421	<b>CITY - ST - ZIP</b> SUNNY ISLES BEACH, FL 33160		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>STREET ADDRESS</b> 400 KINGS POINT DR - STE 1222	<b>CITY - ST - ZIP</b> Sunny ISLES BEACH, FL 33160	
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<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY - ST - ZIP		<input type="checkbox"/> Delete	<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY - ST - ZIP	
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY - ST - ZIP		<input type="checkbox"/> Delete	<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY - ST - ZIP	
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY - ST - ZIP		<input type="checkbox"/> Delete	<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY - ST - ZIP	
<b>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.</b>						
<b>SIGNATURE:</b> <u>Boris Lyustikman</u>				<b>04/08/2008</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>		
<small>Daytime Phone #</small>						