

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90166 002 \*\*\*150.00

<b>DOCUMENT # P07000070268</b> 1. Entity Name <b>ALTUN, INC.</b>			
Principal Place of Business <b>354 SEVILLA AVENUE</b> <b>CORAL GABLES, FL 33134 US</b>		Mailing Address <b>354 SEVILLA AVENUE</b> <b>CORAL GABLES, FL 33134 US</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	
<b>6. Name and Address of Current Registered Agent</b> <b>KOSS, A ESQ</b> <b>782 NW 42 AVENUE</b> <b>448</b> <b>MIAMI, FL 33126</b>		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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. (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>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CEBALLOS, HAYDEE 354 SEVILLA AVENUE CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. CEBALLOS, HAYDEE 354 SEVILLA AVENUE CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FREITAS, RICARDO 354 SEVILLA AVENUE CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. PRES. FREITAS, RICARDO 354 SEVILLA AVENUE CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FREITAS, PATRICIA 354 SEVILLA AVENUE CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change 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 other like empowered.			
<b>SIGNATURE:</b> <u>HAYDEE CEBALLOS</u> <b>HAYDEE CEBALLOS</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4-21-08</u> Daytime Phone # <u>305-448-5255</u> <b>SECRETARY</b>	