

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2006 08:00 AM**  
**Secretary of State**

APR 24 2006

2282



04242006 No Chg-P CR2E034 (11/05)

4. FEI Number **65-0387655** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**DOCUMENT # P93000010973**  
 1. Entity Name  
**ALTON JAL INC.**



Principal Place of Business  
**523 MICHIGAN AVE**  
**MIAMI BCH, FL 33139 US**

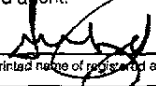
Mailing Address  
**523 MICHIGAN AVE**  
**MIAMI BCH, FL 33139 US**

**DO NOT WRITE IN THIS SPACE**

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  
**FRYD JONATHAN**  
**523 MICHIGAN AVE**  
**MIAMI BCH, FL 33139**

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  DATE **4/20/06**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRYD, JONATHAN 523 MICHIGAN AVE MIAMI BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDS RESNICK, JAMES 1228 ALTON RD MIAMI BCH, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/06/06-80089-019 150.00

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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.

SIGNATURE:  **JONATHAN FRYD** DATE **4/20/06** (505) 673-2948  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #