

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90841 032 \*\*\*150.00

40055670



01042007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P93000058900</b> 1. Entity Name ALQUIMIA INTERNATIONAL GROUP, INC.					
Principal Place of Business 3450 LAKESIDE DR #145 MIRAMAR, FL 33027			Mailing Address 3450 LAKESIDE DR #145 MIRAMAR, FL 33027		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0431405	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  CAHAN, ESQ., RICHARD J ALAN C/O BECKER & POLIAKOFF, P.A. 121 ALHAMBRA PLAZA SUITE 1000 MIAMI, FL 33134				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing 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>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP CASTANEDA, EDUARDO J 3450 LAKESIDE DR., STE 145 MIRAMAR, FL 33027 <span style="float: right;"><input checked="" type="checkbox"/> Delete</span>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP CESAR A RIVERA 1308 CAMELIA LANE WESTON, FL 33326. <span style="float: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</span>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST RIVERA, CESAR A 1308 CAMELIA LANE WESTON, FL 33326 <span style="float: right;"><input checked="" type="checkbox"/> Delete</span>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST CARLOS BUESO COLONIA TRES CAMINOS # 2624 TEGUCIGALPA, HONDURAS <span style="float: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</span>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BUESO, CARLOS AVENIDA PRINCIPAL #2624 COL. TRES CAMINOS TEGUCIGALPA, HONDURAS. <span style="float: right;"><input checked="" type="checkbox"/> Delete</span>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP RAFAEL TORRES FIALLOS BARRIO EL CENTRO # 925 TEGUCIGALPA, HONDURAS <span style="float: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</span>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CHOINSKI, VIOLETA 19414 NW 82 AVE. MIAMI, FL 33015 <span style="float: right;"><input type="checkbox"/> Delete</span>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<span style="float: right;"><input type="checkbox"/> Delete</span>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<span style="float: right;"><input type="checkbox"/> Delete</span>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>	
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>Violeta Choiniski</u> <span style="float: right;">4-27-2007 954-392-6497</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					