2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # P93000058900

1. Entity Name
ALQUIMIA INTERNATIONAL GROUP, INC.

Principal Place of Business	Mailing Address
3450 LAKESIDE DR #145 MIRAMAR, FL 33027	3450 LAKESIDE DR #145 MIRAMAR, FL 33027

01042008 .No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0431405

☐ Applied For
☐ Not Applicable

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

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

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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
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, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	CESAR, RIVERA A
STREET ADDRESS	1308 CAMELIA N
CITY-ST-ZIP	WESTON, FL 33326
TITLE	DST
NAME	BUESO, CARLOS
STREET ADDRESS	COLONIA TRES CAMINOS #2624
CITY-ST-ZIP	TEGUCICALPA,HONDURAS,
TITLE	VP
NAME	FIALLOS, RAFAEL T
STREET ADDRESS	BARRIO EL CENTRO #925
CITY-ST-ZIP	TEGUCIGALPA,HONDURAS,
TITLE	VP
NAME	CHOINSKI, VIOLETA
STREET ADDRESS	19414 NW 82 AVE.
CITY-ST-ZIP	MIAMI, FL 33015
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Violeta Choinski - VIOLETA CHOINSKI 04-10-08 954-392-6497
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #