2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P93000073824

1. Entity Name
ALDRIM CORPORATION

Principal Place of Business	Mailing Address
1501 N.E. 167 ST. N. MIAMI BEACH, FL 33162	1501 N.E. 167 ST. N. MIAMI BEACH, FL 33162

04202004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0446245	Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CASTILLO, ANA
1501 NE 167TH STREET
N MIAMI BEACH, FL 33162

DO NOT WRITE IN THIS SPACE

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_____

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CASTILLO, ANA
STREET ADDRESS	1501 N.E. 167 ST
CITY-ST-ZIP	N. MIAMI BEACH, FL 33162

TITLE	
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CITY-ST-ZIP	

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CITY-ST-ZIP	

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04/28/04-80005-005 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____Ana Castillo_____   4/26/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #