

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90043 041 ***150.00

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1. Entity Name

ALU-TEK, INC.



Principal Place of Business

7106 SECRET ROSE
DOUGLASVILLE GA 30134
US

Mailing Address

7106 SECRET ROSE
DOUGLASVILLE GA 30134
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0514748

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOSCH ACCOUNTING & TAX CORPORATION
5440 NORTH STATE ROAD 7
SUITE 5
FORT LAUDERDALE FL 33319

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title. (If applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DVP ☐ Delete
NAME SAN PEDRO, NANCY
STREET ADDRESS 7106 SECRET ROSE
CITY-ST-ZIP DOUGLASVILLE GA 30134

TITLE DP ☐ Delete
NAME SAN PEDRO, FELIPE
STREET ADDRESS 7106 SECRET ROSE
CITY-ST-ZIP DOUGLASVILLE GA 30134

TITLE T ☒ Delete
NAME MARQUEZ, ISAAC
STREET ADDRESS 9997 VILLAGE SOUTH DR
CITY-ST-ZIP DOUGLASVILLE GA 30135

TITLE S ☐ Delete
NAME SAN PEDRO, DIANA
STREET ADDRESS 6060 SOUTH FALLS CIR DR BLDG 200 #202
CITY-ST-ZIP LAUDERHILL FL 33319

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

NANCY SAN PEDRO DVP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-08

770-489-5155