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Apr 30, 2007 8:00 am
Secretary of State
04-30-2007 90479 020 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000088313

1. Entity Name
ALIMA WAREHOUSE CORP.

60045707

C4242007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
1789 N.W. 20TH STREET MIAMI, FL 33142 US	1789 N.W. 20TH STREET MIAMI, FL 33142 US
2. Principal Place of Business - No P.O. Box #: 1791 NW 20 ST	3. Mailing Address: 1791 NW 20ST
Suite, Apt. #, etc.: –	Suite, Apt. #, etc.: –
City & State: Miami Florida	City & State: MIAMI Florida
Zip: 33142 County: DADE	Zip: 33142 Country: DADE

4. FEI Number: 65-0545164 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ALVAREZ, MARTA R
1789 N.W. 20TH STREET
MIAMI, FL 33142

7. Name and Address of New Registered Agent

Name:

Street Address (P.O. Box Number is Not Acceptable): 9369 FONTAINEBLEAU BLVD #J 114

City: MIAMI FL Zip Code: 33172

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, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALVAREZ, MARTA R 1789 N.W. 20TH STREET MIAMI, FL 33142	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 9369 FONTAINEBLEAU BLVD #J114 MIAMI FL 33172
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] 4-26-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #