2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000066965

1. Entity Name

ALEXANDRIA LIBRARY INCORPORATED



FILED Jan 31, 2006 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

9236 SW 4 TERRACE MIAMI, FL 33174 US P.O. BOX 350097 MIAMI, FL 33135



DO NOT WRITE IN THIS SPACE

01252006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0620958 Applied For Not Applicable

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5. Certificate of Status Desired

\$8.75 Additional Fee Required

Davtime Phone #

6. Name and Address of Current Registered Agent

uacodo

SIGNATURE:

AROCHA, MODESTO A 9236 SW 4TH TERRACE MIAMI, FL 33174

DO NOT WRITE IN THIS SPACE

 The above named shifty 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	il applicable (NOTE Regis	sered Agent signature required when fainstaling)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	nancing \$5.00 May Be and to Fees		
10. OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AROCHA, MODESTO A 9236 SW 4TH TERRACE MIAMI, FL 33174			Unn000408647 02/08/06-80068-010 150.00
NAME STREET ADDRESS CHY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN	THIS SPACE
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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.				

MODESTO AROCHA

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR