FILED
Apr 25, 2003 8:00 am
Secretary of State
04-25-2003 90249 004 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000076799

1. Entity Name
ALAYNA'S & CO., INC.

11017420

Principal Place of Business	Mailing Address
7835 S.W. 119TH PLACE MIAMI, FL 33183 11930 Rosetree Terrace	7835 S.W. 119TH PLACE MIAMI, FL 33183 Boynton Beach, Florida 33437

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
(same)	(same)
Suite, Apt. #, etc.: 11930 Rosetree	Suite, Apt. #, etc.: Terrace
City & State: Boynton Beach	City & State: Florida 33437
Zip: 33437 Country: USA	Zip: Country: USA

4. FEI Number 65-0814884 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JOEL N. MINSKER, P.A. 801 BRICKELL AVE., SUITE 1401 MIAMI, FL. 33131	Name Same 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: Alayna D. Faber (Signature, type or printed name of registered agent and title if applicable) (NOTE: Registered Agent Signature required when signing) DATE: April 29, 2003

FILING FEE: $150.00
Total: $150.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FABER, ALAYNA D 7835 S.W. 119TH PLACE MIAMI, FL 33183 11930 Rosetree Terrace Boynton Beach, Florida 33437	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition (President)
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition

CR2E034 (10/02)

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: Alayna D. Faber 4/29/2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

(561) 369-2448