2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90036 005 ***150.00

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01142005 Chg-P CR2E034 (10/03)

DOCUMENT # P96000048813

1. Entity Name
ALDAJO INC.

Principal Place of Business
~~2095 NW 141 ST~~
~~OPKA LOCKA, FL 33054~~ US

Mailing Address
~~2095 NW 141 ST~~
~~OPKA LOCKA, FL 33054~~ US

2. Principal Place of Business
14720 NW 24 CT
Suite, Apt. #, etc.

3. Mailing Address
14720 NW 24 CT
Suite, Apt. #, etc.

City & State
OPA LOCKA, FL.
Zip 33054 Country

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4. FEI Number
65-0671084
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
CABALLERO, DANIEL
~~1350 NE 137 ST~~
~~MIAMI, FL 33161~~
1500 W 76 ST
HIALEAH, FL. 33014

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 reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 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 CABALLERO, DANIEL 1500 W 76TH STREET HIALEAH, FL 33014 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST CABALLERO, DANIEL 1500 W 76TH STREET HIALEAH, FL 33014 ☐ 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 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: X _____ 01-14-05 (305)685-3040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #