2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 18, 2008 08:00 Al Secretary of State **DOCUMENT # P96000064616** 1. Entity Name ALSA, INC. Principal Place of Business Mailing Address 9990 S.W. 77TH AVENUE 9990 S.W. 77TH AVENUE PH 12 PH 12 MIAMI, FL 33156 MIAMI, FL 33156 04012008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0705856 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent BURGER, SANDRA DO NOT WRITE 9990 SW 77 AVE PH 12 MIAMI, FL 33156 IN THIS SPACE 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be 000000907931 05705708-80022-004 150.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE BURGER, ALVIN NAME 9990 SW 77TH AVE PH 12 STREET ADDRESS CITY-ST-ZIP MIAMI, FL VDST TITLE BURGER, SANDRA NAME 9990 SW 77TH AVE PH 12 STREET ADDRESS CITY-ST-73P MIAMI, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP TATLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP