



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2006 8:00 am
Secretary of State

06-07-2006 90001 020 ***158.75

DOCUMENT # P97000007072 1. Entity Name A & L IMEX CORPORATION					
Principal Place of Business P.O. BOX 54-5998 MIAMI, FL 33154 US			Mailing Address P.O. BOX 54-5998 MIAMI, FL 33154 US		
2. Principal Place of Business 9233 ABBOTT AVENUE Suite, Apt. #, etc.		3. Mailing Address 9233 ABBOTT AVENUE Suite, Apt. #, etc.			
City & State SURFSIDE, FLORIDA		City & State SURFSIDE, FLORIDA		4. FEI Number 65-0727831	
Zip 33154 Country MIAMI-DADE		Zip 33154 Country MIAMI-DADE		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BELTROY, ARTURO 9233 ABBOTT AVENUE MIAMI, FL 33154				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 <u><i>Arturo Beltroy</i></u> ARTURO BELTROY <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				06/05/2006 <small>DATE</small>	
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P BELTROY, ARTURO 9233 ABBOTT AVENUE MIAMI, FL 33154	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u><i>Arturo Beltroy</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				06/05/2006 (305) 591-0709 <small>Date Daytime Phone #</small>	

ATTACHMENT

40094831

June 5, 2006

Florida Department of State
Uniform Business Report
Division of Corporations
PO Box 1500
Tallahassee, Florida 32302-1500

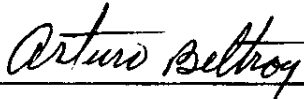
Subject: A & L IMEX CORPORATION
Document No. P97000007072
Dear Sir or Madam:

We want to inform you that we did not receive The 2006 Uniform Business Report on time. After two months of having called, we still have received the form. We just realized that it could be downloaded from the internet which we did not have access previously.

Due to the above-mentioned inconvenience, we did not send the payment before, until now. We are soliciting you to please waive the assigned late fees. Your sense of fairness and kindness will be much appreciated.

Do not hesitate to contact us for further information at (305) 591-0709 We will be waiting for your prompt and positive response.

Cordially,



Arturo Beltroy
President