


**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 <b>P.O. BOX 54-5998          MIAMI, FL 33154 US</b>	Mailing Address <b>P.O. BOX 54-5998          MIAMI, FL 33154 US</b>
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2. Principal Place of Business <b>9233 ABBOTT AVENUE</b> Suite, Apt. #, etc.	3. Mailing Address <b>9233 ABBOTT AVENUE</b> Suite, Apt. #, etc.
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City & State <b>SURFSIDE, FLORIDA</b>	City & State <b>SURFSIDE, FLORIDA</b>
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Zip <b>33154</b>	Country <b>MIAMI-DADE</b>	Zip <b>33154</b>	Country <b>MIAMI-DADE</b>
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06052006 Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0727831</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**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 *Arturo Beltroy* **ARTURO BELTROY** **06/05/2006**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BELTROY, ARTURO</b> <b>9233 ABBOTT AVENUE</b> <b>MIAMI, FL 33154</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
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

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: *Arturo Beltroy* **06/05/2006** **(305) 591-0709**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40094831

June 5, 2006

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

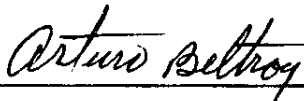
Subject: A & L IMEX CORPORATION  
Document No. P97000007072  
Dear Sir or Madam:

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