2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000060584

ALOS & ASSOCIATES, P.A.



Principal Place of Business

10271 SW 72 ST.

102

Mailing Address 10271 SW 72 ST.

MIAMI, FL 33173 US

MIAMI, FL 33173



Jun 07, 2006 8:00 am Secretary of State 06-07-2006 90001 040 ***550.00

FILED



DO NOT WRITE IN THIS SPACE

No Chg-P CR2E034 (11/05) 05152006

4. FEI Number 65-0766522

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALOS, ANDRES F 10271 SW 72 ST.

changed, or on an attachment with an address

SIGNATURE:

DO NOT WRITE

JO. 6).C

Daytime Phone #

MIAMI, FL	33173		IN.TI	HIS SPACE
	named entity submits this statement for the ions of registered agent. Signature, typed or printed name of registered agent and to		ered office or registered agent, or both, i	in the State of Florida. I am familiar with, and accept DATE
	LE NOW!!! FEE IS \$550.00 ue by September 6, 2006	9. Election Campaign Fir Trust Fund Contributio		-
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRI D ALOS, ANDRES F 10271 SW 72 ST., #102 MIAMI, FL 33173	ECTORS		
NAME STREET ADDRESS CITY-ST-ZIP			DO N	NOT WRITE :
NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME Street address City-St-Zip				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				

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 of trustee emplowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #P97000 1. Entity Name ALOS & ASSOCIATES, P.A.	000004			ATTAC	HMEN	17	
Principal Place of Business	Mailing Address			4.50	.101	1	
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MIAMI, FL 33173 US	MIAMI, FL 33173	US		4444		-44.4	
2. Principal Place of Business	3. Mailing Address		Ingrafete				
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		Chg-P	CR2E034	4 (11/05)	
City & State	City & State	City & State					plied For t Applicable
Zip Country	Zip	Country		of Status Desired		8.75 Add	litional
6. Name and Address of Cu	urrent Registered Agent	1	7. Name and A	Address of New R	F6	e Require	d
ALOG ANDRESE	 	Name					
ALOS, ANDRES F 10271 SW 72 ST. 102		Street Addres	ss (P.O. Box Number	is Not Acceptable	e)	•	
MIAMI, FL 23173			<u></u>				<u> </u>
	\	City			FL	Zip Code	
The above named entity submits this staten the obligations of registered about.	neht for the purpose of changing its	s registered office or regis	stered agent, or both	, in the State of Flo		miliar with,	and accept
SIGNATURE Signature, typed or printed name of registere	ed agent and title if applicable. (NOT	E: Registered Agent signature requ	ured when reinstating)		DATE		
FII F NAV 12 12 12							
FILE NOW!!! FEE IS \$550. Due by September 6, 200			55.00 May Be added to Fees		-	_	
Due by September 6, 200	Trust Fund Con	tribution.	Added to Fees	HANGES TO OFF			
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