2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 APR 22 AM 9: 20

DOCUMENT # P97000060584

1. Entity Name
ALOS & ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
10271 SW 72 ST. 102 MIAMI, FL 33173 US	10271 SW 72 ST. 102 MIAMI, FL 33173 US

01082008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
10481 N. Kendall Dr	10481 N. Kendall Dr.
Suite, Apt. #, etc: D-203	Suite, Apt. #, etc: D-203
City & State: Miami, FL	City & State: Miami, FL
Zip: 33176 Country: USA	Zip: 33176 Country: USA

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.
102
MIAMI, FL 33173

7. Name and Address of New Registered Agent

Name: Alos, Andres F
Street Address (P.O. Box Number is Not Acceptable): 10481 N. Kendall Dr. D-203
City: Miami FL Zip Code: 33176

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 ________ 4-14-08
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, 2008 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 ALOS, ANDRES F 10271 SW 72 ST., #102 MIAMI, FL 33173 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Alos, Andres, F 10481 N. Kendall Dr. D-203 Miami, FL 33176 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	400125267174 04/23/08--01016--010 **716.25 ☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	B 4/22/08 ☐ Change ☐ 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: ________ 4-14-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #