

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90551 016 \*\*\*150.00

DOCUMENT # P97000089064

1. Entity Name  
ALDIMA, INC.



14015135

Principal Place of Business  
9240 BONITA BEACH RD #3305  
BONITA SPRINGS, FL 34135

Mailing Address  
9240 BONITA BEACH RD #3305  
BONITA SPRINGS, FL 34135

2. Principal Place of Business

3. Mailing Address

9420 Bonita Beach Rd

9420 Bonita Beach Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200

Suite 200

City & State

City & State

Bonita Springs, FL

Bonita Springs, FL

Zip

Country

Zip

Country

34135

U.S.A.

34135

U.S.A.

04282005

Chg-P

CR2E034 (10/03)

4. FEI Number  
59-3493367

Applied For  
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WIEBEL, HENNELLS & CARUFE, P.A.  
9240 BONITA BEACH RD #3305  
BONITA SPRINGS, FL 34135

Name  
Wiebel, Hennells & Carufe, P.A.  
Street Address (P.O. Box Number is Not Acceptable)  
9420 Bonita Beach Rd. Suite 200  
City  
Bonita Springs FL Zip Code  
34135

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/05

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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	DPT	<input type="checkbox"/> Delete
NAME	WIRTH, ALEXANDER	
STREET ADDRESS	3621 SAYBROOK DR	
CITY-ST-ZIP	BONITA SPGS, FL 34134	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	MAGDALENA, WIRTH	
STREET ADDRESS	3621 SAYBROOK DR	
CITY-ST-ZIP	BONITA SPGS, FL 34134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

M. WIRTH  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-29-2005 239-498-6583