

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90070 049 ***150.00

DOCUMENT # P97000089064

1. Entity Name
ALDIMA, INC.



Principal Place of Business
**9240 BONITA BEACH RD
SUITE 200
BONITA SPRINGS, FL 34135**

Mailing Address
**9240 BONITA BEACH RD
SUITE 200
BONITA SPRINGS, FL 34135**

2. Principal Place of Business - No P.O. Box #
9420 BONITA BEACH RD

3. Mailing Address
9420 BONITA BEACH RD

Suite, Apt. #, etc.
SUITE 200

Suite, Apt. #, etc.
SUITE 200

03212007

Chg-P

CR2E034 (12/06)



City & State
BONITA SPRINGS, FL

City & State
BONITA SPRINGS, FL

4. FEI Number
59-3493367

Applied For
☐ Not Applicable

Zip
34135

Country
USA

Zip
34135

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WIEBEL, HENNELLS & CARUFE, P.A.
9240 BONITA BEACH RD
SUITE 200
BONITA SPRINGS, FL 34135**

7. Name and Address of New Registered Agent

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DPT
WIRTH, ALEXANDER
3621 SAYBROOK DR
BONITA SPGS, FL 34134** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DVS
MAGDALENA, WIRTH
3621 SAYBROOK DR
BONITA SPGS, FL 34134** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
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CITY - ST - ZIP
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☐ 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

- PRESIDENT -

04-27-2007

239-992-6211

Date

Daytime Phone #