


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90065 007 ***150.00

DOCUMENT # P98000006905					
1. Entity Name ALJORDAN, INC.					
Principal Place of Business 290 N.W. 165TH ST., PH-4 MIAMI, FL 33169 <i>M-500</i>			Mailing Address 290 N.W. 165TH ST., PH-4 MIAMI, FL 33169 <i>M-500</i>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0826941	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SOROTA, ALAN 290 N.W. 165TH ST., PH-4 MIAMI, FL 33169 <i>M-500</i> <i>new suite #</i>			7. Name and Address of New Registered Agent Name <i>SOROTA, ALAN</i> Street Address (P.O. Box Number is Not Acceptable) <i>290 N.W. 165 ST. M-500</i> City <i>MIAMI</i> FL <i>33169</i>		
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 <i>Al Sorota</i> DATE <i>2-1-06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	VP FEINSTEIN, SHERRI 290 NW 165 ST PH-4 MIAMI, FL 33169 <i>M-500</i>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>290 N.W. 165 ST M-500</i> <i>MIAMI, FL. 33169</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FEINSTEIN, MARK 290 NW 165 ST PH-4 MIAMI, FL 33169 <i>M-500</i>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>290 NW 165 ST M-500</i> <i>MIAMI FL. 33169</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Al Sorota</i>			Date <i>2-1-06</i> Daytime Phone # <i>305-944-4777</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		