## -2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 08:00 AM
Secretary of State

| 1. Entity Name ALJORDAN, IN Principal Place of But 290 N.W. 165TH ST MIAMI, FL 33169  BOROTA, ALAN 290 NW 165ST MIAMI, FL 3316 | NOT WRITE  Name and Address of Current Re M-500 69                                                                          | Mailing Address 290 N.W. 165TH ST., M-500 MIAMI, FL 33169  IN THIS SPA | CE             | 01092007 4. FEI Numb 65-082 5. Certificate |                                                                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|----------------|--------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| 290 N.W. 165TH ST<br>MIAMI, FL 33169<br>DO  6. I<br>SOROTA, ALAN<br>290 NW 165ST<br>MIAMI, FL 3316                             | NOT WRITE  Name and Address of Current Re M-500 69                                                                          | 290 N.W. 165TH ST., M-500<br>MIAMI, FL 33169                           | CE             | 01092007 4. FEI Numb 65-082 5. Certificate | No Chg-P CR2E034 (11/05)  Der Applied For Not Applied For Status Desired \$8.75 Additional Fee Required  NOT WRITE |
| 6. I<br>SOROTA, ALAN<br>290 NW 165ST<br>MIAMI, FL 3316                                                                         | Name and Address of Current Re<br>N<br>M-500<br>69                                                                          |                                                                        | CE             | 01092007 4. FEI Numb 65-082 5. Certificate | No Chg-P CR2E034 (11/05)  Der Applied For Not Applied For Status Desired \$8.75 Additional Fee Required  NOT WRITE |
| SOROTA, ALAN<br>290 NW 165ST<br>MIAMI, FL 3316                                                                                 | N<br>M-500<br>69                                                                                                            | gistered Agent                                                         |                | _                                          |                                                                                                                    |
| the obligations of SIGNATURE                                                                                                   |                                                                                                                             | ne purpose of changing its register                                    | ed office or r | egistered agent, or bo                     | oth, in the State of Florida. I am familiar with, and acc                                                          |
| Signature<br>FILE NO                                                                                                           | e. typed or printed name of registered agent and                                                                            | 9. Election Campaign Fina                                              |                | \$5.00 May Be Added to Fees                | U00000590562<br>01/18/07-80061-007 150.00                                                                          |
| TITLE VP FEIN STREET ADDRESS CITY-ST-ZIP MIAM TITLE DP NAME FEIN STREET ADDRESS 290 1                                          | OFFICERS AND DI  OFFICERS AND DI  NSTEIN, SHERRI  NW 165 ST M-500  MI, FL 33169  NSTEIN, MARK  NW 165ST M-500  MI, FL 33169 |                                                                        |                |                                            | NOT WRITE<br>THIS SPACE                                                                                            |

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 or rustee 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 sixe empowered.

SIGNATURE:

THILE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-07 305-944-4777

Daytime Phone #