

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90449 003 ***150.00

DOCUMENT # P98000025585

1. Entity Name
ALASKA, INC.



Principal Place of Business
**8357 NW 68TH ST.
MIAMI, FL 33166**

Mailing Address
**8357 NW 68TH ST.
MIAMI, FL 33166**

50015124



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0820347

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PEREIRA, JOSE EDUARDO
18530 SW 52ND STREET
MIRAMAR, FL 33166**

**DO NOT WRITE
IN THIS SPACE**

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, 2006 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
**PTD
PEREIRA, JOSE E
18530 SW 52ND ST
MIRAMAR, FL 33029**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VSD
TIAGO, MARCIA
18530 SW 52ND ST.
MIRAMAR, FL 33029**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPD
ALENCAR, SAYONARA
18728 SW 28TH STREET
MIRAMAR, FL 33029**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/17/06

Date

305-599-9251

Daytime Phone #