

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000067208

FILED  
May 11, 2005  
Secretary of State

Entity Name: ALUCOAST, INC.

## Current Principal Place of Business:

4156 N.W. 132ND ST.  
OPA LOCKA, FL 33054 US

## New Principal Place of Business:

4158 N.W. 132ND ST.  
OPA LOCKA, FL 33054 US

## Current Mailing Address:

4156 N.W. 132ND ST.  
OPA LOCKA, FL 33054 US

## New Mailing Address:

4158 N.W. 132ND ST.  
OPA LOCKA, FL 33054 US

FEI Number: 65-0854488

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JARAMILLO, JAIRO  
11760 ROYAL PALM BLVD.  
CORAL SPRINGS, FL 33065 US

## Name and Address of New Registered Agent:

JARAMILLO, JAIRO  
7278 N.W. 27 ST  
PEMBROKE PINES, FL 33024 US

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.

SIGNATURE: JAIRO JARAMILLO

05/11/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete  
Name: ANGULO, MAGALY  
Address: 4156 NW 132 ST  
City-St-Zip: OPA LOCKA, FL 33054

Title: PD ( ) Delete  
Name: ANGULO, BEATRIZ  
Address: 4156 NW 132 ST  
City-St-Zip: OPA LOCKA, FL 33054

Title: SD ( ) Delete  
Name: ANGULO, MAGALY  
Address: 11760 ROYAL PALM BLVD.  
City-St-Zip: CORAL SPRINGS, FL 33065

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition  
Name: ANGULO, JORGE  
Address: 1966 N W. 79 TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: PD (X) Change ( ) Addition  
Name: ANGULO, BEATRIZ  
Address: 4158 N.W. 132 ST  
City-St-Zip: OPA LOCKA, FL 33054

Title: SD (X) Change ( ) Addition  
Name: ANGULO, MAGALY  
Address: 7278 N.W. 27 ST  
City-St-Zip: PEMBROKE PINES, FL 33024

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BEATRIZ ANGULO

PD

05/11/2005

Electronic Signature of Signing Officer or Director

Date