

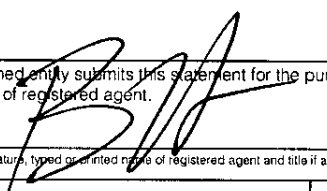
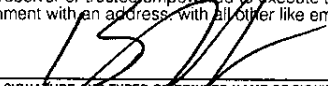


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90216 049 ***150.00

DOCUMENT # P99000071125 1. Entity Name ALAMEDA HOLDINGS, INC.					
Principal Place of Business C/O ALLEN & GALEGO 601 BRICKELL KEY DRIVE SUITE 805 MIAMI, FL 33131			Mailing Address C/O ALLEN & GALEGO 601 BRICKELL KEY DRIVE SUITE 805 MIAMI, FL 33131		
2. Principal Place of Business c/o Robert Allen Law Suite, Apt. #, etc. 1441 Brickell Ave. Suite 1014 City & State MIAMI, FL Zip 33131		3. Mailing Address c/o Robert Allen Law Suite, Apt. #, etc. 1441 Brickell Ave. Suite 1014 City & State MIAMI, FL Zip 33131			
4. FEI Number 65-0953077		Applied For <input type="checkbox"/> Not Applicable		03182004 Chg-P CR2E034 (10/03)	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent ALLEN & GALEGO 601 BRICKELL KEY DRIVE SUITE 805 MIAMI, FL 33131			
7. Name and Address of New Registered Agent Name Robert Allen Law Street Address (P.O. Box Number is Not Acceptable) 1441 Brickell Ave. Suite 1014 City MIAMI FL Zip Code 33131		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:  By: Robert N. Allen Jr. PRESIDENT 4/29/04 <small>(NOTE: Registered Agent signature required when reinstating)</small> DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	SS ALLEN, ROBERT N JR 601 BRICKELL KEY DRIVE SUITE 505 MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SS Allen Robert N. JR 1441 Brickell Ave. Suite 1014 MIAMI, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS FURTADO, JOSE 601 BRICKELL KEY DRIVE, SUITE 805 MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS FURTADO JOSE 1441 Brickell Ave. Suite 1014. Miami, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D X, NATHANIEL 601 BRICKELL KEY DRIVE, SUITE 805 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D X, NATHANIEL 1441 Brickell Ave. Suite 1014 MIAMI FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D X, RAYMUNDA F 601 BRICKELL KEY DRIVE, SUITE 805 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D X, RAYMUNDA F 1441 Brickell Ave. Suite 1014 MIAMI FL 33131	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D X, ANCHISES F 601 BRICKELL KEY DRIVE, SUITE 805 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D X, ANCHISES F 1441 Brickell Ave. Suite 1014 MIAMI FL 33131	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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: 		Robert N. Allen Jr.		4-29-04	4/29/04
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	