

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90187 047 ***150.00

DOCUMENT # P99000071125					
1. Entity Name ALAMEDA HOLDINGS, INC.					
Principal Place of Business C/O ROBERT ALLEN LAW 1441 BRICKELL AVE, SUITE 1014 MIAMI, FL 33131			Mailing Address C/O ROBERT ALLEN LAW 1441 BRICKELL AVE, SUITE 1014 MIAMI, FL 33131		
2. Principal Place of Business 1441 BRICKELL AVE		3. Mailing Address 1441 BRICKELL AVE			
Suite, Apt. #, etc. 1400		Suite, Apt. #, etc. 1400			
City & State MIAMI, FL		City & State MIAMI, FL			
Zip 33131		Country USA		Zip 33131	
Country USA		Country USA			
4. FEI Number 65-0953077					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent ROBERT ALLEN LAW 1441 BRICKELL AVE SUITE 1014 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 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 SS NAME ALLEN, ROBERT N JR STREET ADDRESS 1441 BRICKELL AVE, SUITE 1014 CITY-ST-ZIP MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete		TITLE SS NAME Bonavita, Umberto STREET ADDRESS 1441 Brickell Avenue Ste 1400 CITY-ST-ZIP Miami FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PS NAME FURTADO, JOSE STREET ADDRESS 1441 BRICKELL AVE, SUITE 1014 CITY-ST-ZIP MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete		TITLE PS NAME Furtado, Fernando Jose STREET ADDRESS 1441 Brickell Avenue Ste 1400 CITY-ST-ZIP Miami, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME X, NATHANIEL STREET ADDRESS 1441 BRICKELL AVE, SUITE 1014 CITY-ST-ZIP MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete		TITLE D NAME Albuquerque, Nathaniel STREET ADDRESS 1441 Brickell Avenue Ste 1400 CITY-ST-ZIP Miami FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME X, RAYMUNDA F STREET ADDRESS 1441 BRICKELL AVE, SUITE 1014 CITY-ST-ZIP MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete		TITLE D NAME Albuquerque, Raymunda STREET ADDRESS 1441 Brickell Avenue Ste 1400 CITY-ST-ZIP Miami, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME X, ANCHISES F STREET ADDRESS 1441 BRICKELL AVE, SUITE 1014 CITY-ST-ZIP MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete		TITLE D NAME Albuquerque, Anchises STREET ADDRESS 1441 Brickell Avenue Ste 1400 CITY-ST-ZIP Miami, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input checked="" 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:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Umberto Bonavita Date: 4/27/05 Daytime Phone #: 305-372-3300					