


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 30, 2006 8:00 am**  
**Secretary of State**

03-30-2006 90015 027 \*\*\*150.00

**DOCUMENT # S31130**  
 1. Entity Name  
**ALCO REALTY CORP.**



Principal Place of Business  
**2102 CABOT STREET**  
**MONTREAL, QUEBEC H4E 1E4,**

Mailing Address  
~~**3442 B SE LAKE WEIR AVE**~~  
~~**OCALA, FL 34477**~~

40041460



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**12700 SW 117TH STRD**  
 Suite, Apt. #, etc.

03102006 Chg-P CR2E034 (11/05)

City & State  
**DUNNELLON FLORIDA**

Zip Country  
**34432 USA**

4. FEI Number  
**59-3193148**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**ALL FLORIDA BOOKKEEPING SERVICES INC.**  
~~**3442 B SE LAKE WEIR AVENUE**~~  
~~**SUITE-B**~~  
~~**OCALA, FL 34477**~~

**12700 SW 117TH ST RD**  
**DUNNELLON, FLA**  
**34432**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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              | <input type="checkbox"/> Delete |
|-------|------------------|-------------------|--------------------------|---------------------------------|
| PST   | ROSSANO, ROSETTE | 2102 CABOT STREET | MONTREAL, QUEBEC H4E1E4, | <input type="checkbox"/>        |
|       |                  |                   |                          | <input type="checkbox"/>        |
|       |                  |                   |                          | <input type="checkbox"/>        |
|       |                  |                   |                          | <input type="checkbox"/>        |
|       |                  |                   |                          | <input type="checkbox"/>        |
|       |                  |                   |                          | <input type="checkbox"/>        |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |

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: *Rosette Rossano* **ROSETTE ROSSANO**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*President + Director* **PRESIDENT + DIRECTOR**  
Date

*03/24/06* **03/24/06**  
Daytime Phone #

*352-489-6553* **352-489-6553**