


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 09, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # S31693**  
 1. Entity Name  
**ALEMMANY CORP.**



Principal Place of Business  
**2238 NW 82ND AVE.**  
**MIAMI, FL 33122**

Mailing Address  
**13238 NW 8TH TERR.**  
**MIAMI, FL 33182**

**DO NOT WRITE IN THIS SPACE**



08302004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0394040** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**DE LA TORRE, ALFONSO**  
**13238 NW 8TH TERR.**  
**MIAMI, FL 33182**

**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 \_\_\_\_\_ (NOTE, Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

U00000171958  
 09/09/04-80003-015-550.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALVAREZ PANELA, MANUEL 13238 NW 8TH TERR. MIAMI, FL 33182
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALVAREZ DE LA TORRE, JOSE MANUEL 13238 NW 8TH TERR. MIAMI, FL 33182
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALVAREZ DE LA TORRE, ALFONSO 13238 NW 8TH TERR. MIAMI, FL 33182
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **ALFONSO ALVAREZ** 08/25/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #