2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S35609 05-07-2008 90105 038 ***150.00 1. Entity Name ALEKLA, INC. Principal Place of Business Mailing Address 66013761 C/O 1500 SAN REMO AVE. C/O 1500 SAN REMO AVE. SUITE 125 **SUITE 125** CORAL GABLES, FL 33146 CORAL GABLES, FL 33146 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03282008 Chg-P CR2E034 (12/06) City & State City & State 4. FFI Number Applied For 22-3222038 Not Applicable Zip Country Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ATRIUM REGISTERED AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 1500 SAN REMO AVENUE, STE 125 CORAL GABLES, FL 33146 City 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. Signature, typed or printed name of registered agent and side if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Chance Addition NAME STRANSKY, ALEXANDER NAME STREET ADDRESS 2600 ISLAND BLVD, #1405 STREET ADDRESS CITY-ST-ZIP AVENTURA, FL 33160 CITY-ST-ZIP ППЕ ☐ Delete TITLE ☐ Change ■ Addition STRANSKY, CLARA NAME STREET ADORESS 2600 ISLAND BLVD, #1405 STREET ADDRESS CITY-ST-ZIP AVENTURA, FL 33160 CITY-ST-ZIP TITLE ☐ Oetete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete MLE MLE ☐ Change Addition NAME MALE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 AND TYPED OR PRINTED ASKE OF SCHOOL OF FICER OR DIRECTOR SIGNATURE: Date Destino Phone

FILED Jun 09, 2008 8:00 am

Secretary of State