

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2008 08:00 AM
Secretary of State

DOCUMENT # V54327 1. Entity Name ALEJO HOLDINGS, INC.	
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Principal Place of Business 2929 HAWTHORNE RD TAMPA, FL 33611 US	Mailing Address 2929 HAWTHORNE RD TAMPA, FL 33611 US
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DO NOT WRITE IN THIS SPACE



01082008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3181239	Applied For Not Applicable
5. Certificate of Status Desired	☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MOLLOY, DANIEL L 325 SOUTH BLVD TAMPA, FL 33606
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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 _____ Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when registering)	DATE _____
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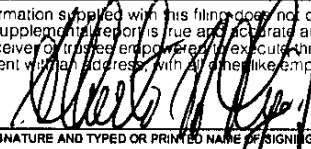
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD DE ALEJO, ALBERTO A JR 2929 HAWTHORNE RD TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD DE ALEJO, NICOLAS S 2929 HAWTHORNE RD TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MOLLOY, DANIEL L 325 SOUTH BLVD TAMPA, FL
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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IN THIS SPACE**

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 supplement to this 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 the same like empowered.

SIGNATURE 	1/08/08	813-265-8700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

Alberto A. de Alejo Jr.