2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90065 035 ***158.75

DOCUMENT # F95000001924

1. Entity Name
ALTER MME, INC.

Principal Place of Business	Mailing Address
1674 MERIDIAN AVE SUITE 201 MIAMI BEACH, FL 33139 US	1674 MERIDIAN AVE SUITE 201 MIAMI BEACH, FL 33139 US

01042008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
1250 E. Hallandale Bch Blvd		1250 E. Hallandale Bch Blvd	
Suite, Apt. #, etc.: Suite 1000		Suite, Apt. #, etc.: Suite 1000	
City & State: Hallandale Beach, FL		City & State: Hallandale Beach, FL	
Zip: 33009-4636	Country: Broward	Zip: 33009-4636	Country: Broward

4. FEI Number: 95-3532851 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MOSKOWITZ, CHERNA
1674 MERIDIAN AVE
SUITE 201
MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable): 1250 E. Hallandale Beach Blvd.

Suite 1000

City: Hallandale Beach FL Zip Code: 33009-4636

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

***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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	MOSKOWITZ, CHERNA		NAME		
STREET ADDRESS	1674 MERIDIAN AVE., SUITE 201		STREET ADDRESS	1250 E. Hallandale Beach Blvd., #1000	
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP	Hallandale Beach, FL 33009-4636	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Cherna Moskowitz Cherna Moskowitz 954-454-6640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #