

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # G89691

1. Entity Name
ALDERCREST OF FLORIDA, INC.



Principal Place of Business

105 EAST 21 STREET
P.O. BOX 1806
HIALEAH, FL 33010

Mailing Address

105 EAST 21 STREET
P.O. BOX 1806
HIALEAH, FL 33010

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90367 041 ***158.75



03242006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2388697

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BRUNETTI, JOHN J
105 EAST 21 STREET
HIALEAH, FL 33010

**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

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, 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	PD BRUNETTI, JOHN J. 1655 US HWY 9 OLD BRIDGE, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRUNETTI, JOHN J J 1655 US HWY 9 OLD BRIDGE, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRUNETTI, STEPHEN P 1655 US HWY 9 OLD BRIDGE, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #