


ANNUAL REPORT

FILED
May 16, 2005 8:00 am
Secretary of State

05-16-2005 90198 037 ****70.00

| | | | |
|---|---------|---|---------|
| DOCUMENT # N03000003137 | |  | |
| 1. Entity Name ALHAMBRA HEIGHTS RESIDENTIAL FORCE, INC. | | | |
| Principal Place of Business 12555 BISCAYNE BLVD. 812 N. MIAMI, FL 33181 | | Mailing Address 12555 BISCAYNE BLVD. 812 N. MIAMI, FL 33181 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$8.75 Additional Fee Required | |



05122005 Chg-NP CR2E037 (10/03)

4. FEI Number **71-0922146** Applied For
 Not Applicable

| | | | |
|--|--|--|--------------------------|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| REED, JANET - 325 NW 136TH STREET N. MIAMI, FL 33168 | | Name Beverly Hilton | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | 12495 N.W 6th Ave., | |
| | | City North Miami | FL Zip Code 33168 |


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 reinstating) DATE **8/12/05**

| | | |
|---|--|---|
| Filing Fee is \$61.25 Due by September 7, 2005 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
|---|--|---|

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|----------------------------|---------------------|--|---|--------------------------|--|
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | P/D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HILTON, BEVERLY | | NAME | Raymond Addison | |
| STREET ADDRESS | 12495 NW 6TH AVENUE | | STREET ADDRESS | 10011 N.W 111th Ave., | |
| CITY-ST-ZIP | N. MIAMI, FL 33168 | | CITY-ST-ZIP | Miami, FL 33172 | |
| TITLE | VD | <input type="checkbox"/> Delete | TITLE | V/D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | NELSON, JOCELYN | | NAME | Orien Alderson | |
| STREET ADDRESS | 510 NW 122 ST | | STREET ADDRESS | 11828 S.W 7th Street | |
| CITY-ST-ZIP | N. MIAMI, FL 33168 | | CITY-ST-ZIP | Pembroke Pines, FL 33025 | |
| TITLE | DT | <input checked="" type="checkbox"/> Delete | TITLE | D/T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COBO, BLANCA | | NAME | Beverly Hilton | |
| STREET ADDRESS | 590 NW 126TH STREET | | STREET ADDRESS | 12495 N.W 6th Ave., | |
| CITY-ST-ZIP | N. MIAMI, FL 33168 | | CITY-ST-ZIP | N.Miami, FL 33168 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | S/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | Jocelyne Nelson | |
| STREET ADDRESS | | | STREET ADDRESS | 510 N.W 122nd Street | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | N.Miami, FL 33168 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 exemption stated in Section 119.07(3)(i), 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 617, 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:  DATE **8/12/05**