

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003137

FILED
Jun 03, 2006
Secretary of State

Entity Name: ALHAMBRA HEIGHTS RESIDENTIAL FORCE, INC.

Current Principal Place of Business:

12555 BISCAYNE BLVD.
812
N. MIAMI, FL 33181

New Principal Place of Business:

Current Mailing Address:

12555 BISCAYNE BLVD.
812
N. MIAMI, FL 33181

New Mailing Address:

FEI Number: 71-0922146 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HILTON, BEVERLY
12495 NW 6 AVE
N. MIAMI, FL 33168 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ADDISON, RAYMOND
Address: 12555 BISCAYNE BLVD.
City-St-Zip: N. MIAMI, FL 33181

Title: S () Delete
Name: NELSON, JOCELYN
Address: 510 NW 122 ST
City-St-Zip: N. MIAMI, FL 33168

Title: TD () Delete
Name: HILTON, BEVERLY
Address: 12495 N.W. 6TH AVE.
City-St-Zip: N MIAMI, FL 33168

Title: V () Delete
Name: ALDERSON, ORIEN
Address: 11828 SW 7 ST
City-St-Zip: PEMBROKE PINES, FL 33025

Title: S () Delete
Name: NELSON, JOCELYNE
Address: 510 NW 122 STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BEVERLY HILTON

TD

06/03/2006

Electronic Signature of Signing Officer or Director

_____ Date