2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 07, 2008 08:00 A Secretary of State

	ANNUAL	KEPUKI	<u> </u>	\mathbf{A}	pr 07, 2008 08:0
	MENT # P990000022	263			Secretary of Sta
1. Entity Name ALTON ADVISORS, INC.					
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	is violatio, into.				,
Principal Plac	ce of Business	Mailing Address			
333 S. MIAN	/II AVENUE	333 S. MIAMI AVENUE			
SUITE 150 Miami, FL 3	23130	SUITE 150 Miami, FL 33130			
IMITAMIL, I L. C	JJ 130	INIMI, IL 33130			
÷				:	
_	and the second second			03062008 No Chg-F	CR2E034 (11/05)
<u> </u>	OO NOT WRITE	IN THIS SPA	CE	4. FEI Number	Applied For
ri J			, e şa ayı	65-0890466	Not Applicable \$8.75 Additional
				5. Certificate of Status Desir	ed Fee Required
t	6. Name and Address of Current Re	gistered Agent	-		
SIRLIN, DANIEL 333 S. MIAMI AVENUE				DO NOT	WRITE
SUITE 150				IN THIS	
MIAMI, FL 33130				IIV THIS C	PACE
• The share				, , , , , , , , , , , , , , , , , , ,	
	e named entity submits this statement for the tions of registered agent.	e purpose of changing its registe	rea office or register	_	
SIGNATURE				04/10/	000882307 08-80085-018-150.0 0
	Signature, typed or printed name of registered agent and	title if applicable (NOTE: Register	ed Agent signature required	when reinstating)	on activity ato tootio
	.E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution		.00 May Be ed to Fees	
10.	OFFICERS AND DI	RECTORS	,		
TITLE NAME	D SIRLIN, DANIEL				
STREET ADDRESS	333 S. MIAMI AVE STE #150		, , 'a	1. 2. 1. W. C.	to the same of the
CITY-ST-ZIP	MIAMI, FL 33130		.	and the second	ing the second of the second o
title Name	D KRINSKY, JEFF				
STREET ADDRESS	333 S. MIAMI AVENUE STE #150				
CITY-ST-ZIP	MIAMI, FL 33130		- 1		The state of the s
NAME			4.0	and the same of	The second of the second of the second
STREET ADDRESS CITY-ST-ZIP				DO NOT	WRITE
TITLE			1	IN THIS	
NAME					PACE
STREET ADDRESS CITY-ST-ZIP			1 - 12	in the second	
TITLE					
NAME STREET ADDRESS					Non and a second
CITY-ST-ZIP					4 , 2
TITLE NAME			16		
CYDEET ADDDESC				* 4 3 3 4 4	a same

12. I hereby certify that the information supplied with this filling 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 any accuracy.

SIGNATURE: _

CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

41 08

1305) 374-7076

Daytime Phone #