

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 07, 2006 08:00 AM
Secretary of State**

DOCUMENT # P03000031944

1. Entity Name
ALEXAH HOLDINGS, INC.



Principal Place of Business

**704 XANADU PL
JUPITER, FL 33477**

Mailing Address

**704 XANADU PL
JUPITER, FL 33477**



03242006 No Chg-P CR2E034 (11/05)

4. FEJ Number
06-1683544

Applied For
Not Applied

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BERK, JACK M
704 XANADU PLACE
JUPITER, FL 33477**

**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 **P**
NAME **SHLAMOWITZ, MORRIS**
STREET ADDRESS **12014 CAPTAINS LANDING**
CITY-ST-ZIP **NORTH PALM BEACH, FL 33408**

TITLE **VP**
NAME **BERK, JACK M**
STREET ADDRESS **704 XANADU PLACE**
CITY-ST-ZIP **JUPITER, FL 33477**

TITLE **S/T**
NAME **SHLAMOWITZ, JOAN**
STREET ADDRESS **12014 CAPTAINS LANDING**
CITY-ST-ZIP **NORTH PALM BEACH, FL 33408**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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04/22/06-00034-004 158.75

**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 1 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jack M. Berk

4/4/06 561 358 488

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #