2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000079138

ALEDEDIO A OLINIO

FILED Jun 13, 2007 Secretary of State

Entity Nan	ie: ALFRED'S	A.C., INC.						
Current Principal Place of Business:				New Principal Place of Business:				
2986 S. UNIVERSITY DR. 8106 DAVIE, FL 33328				7138 NW 72 AVE MEDLEY, FL 33166				
Current Mailing Address:				New Mailing Address:				
2986 S. UNIVERSITY DR. 8106 DAVIE, FL 33328				7138 NW 72 AVE MEDLEY, FL 33166				
FEI Number:	65-0614096	FEI Number Applied For ()	FEI Num	ber Not Appl	icable ()	Certificate	e of Status Desire	d ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
CUETO, ALFREDO 2986 S. UNIVERSITY DR. 8106 DAVIE, FL 33328 US				CUETO, ALFREDO 7145 W 2ND CT HIALEAH, FL 33014 US				
The above in the State		ibmits this statement for the pu	urpose of	changing it	ts registered	office or re	gistered agent,	or both,
SIGNATURE:				06/13/2007				
Electronic Signature of Registered Agent				Date				
		2)(b), F.S., the corporation did not Trust Fund Contribution ().	receive th	ne prior notic	e.			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	PTD () E CUETO, ALFRED 2986 S. UNIVERS DAVIE, FL 33328	SITY DR. # 8106		Title: Name: Address: City-St-Zip:	PTD (CUETO, ALFF 7145 W 2ND HIALEAH, FL	СТ) Addition	
Title: Name: Address: City-St-Zip:	V () E URRA, MARCIAL 4679 EAST 9 CT HIALEAH, FL 330			Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	S () E ADAMCZYK, MAR 348 NW 103 AVE PLANTATION, FL			Title: Name: Address: City-St-Zip:	() Change() Addition	

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALFREDO CUETO PR 06/13/2007