2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J51871

ALCON OF HOMEOTEAR INC

2390 NW 107TH AVE

MIAMI, FL 33172

Address:

City-St-Zip:

FILED Feb 03, 2009 Secretary of State

Entity Name: ALSON OF HOMESTEAD, INC.					
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
12805 SW 137TH AVE MIAMI, FL 33186 US				12805 SW 137TH AVE MIAMI, FL 33172 US	
Current M	ailing Addres	s:	New Mailing Address	New Mailing Address:	
2390 N.W. 107TH AVE. MIAMI, FL 33172 US			2390 NW 107TH AVE DORAL, FL 33172		
FEI Number:	59-2741919	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
SONNENK 2390 NW 1 MIAMI, FL	107TĤ AVE.		SONNENKLAR, J. 2390 NW 107TH AVE DORAL, FL 33172	Js	
	named entity s of Florida.	ubmits this statement for the pu	urpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE:			02/03/2009	
	Electron	ic Signature of Registered Ager	nt	Date	
Election Can	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () SONNENKLAR, 2390 N.W. 1071 MIAMI, FL 3317	TH .	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DS () SONNENKLAR, 2390 N.W. 1071 MIAMI, FL 3317	H AVE.	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	S () SONNENKLAR, 2390 NW 107TH MIAMI, FL 3317	1 AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	T () GREENE, TERF	Delete Y	Title: Name:	() 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.

Address:

City-St-Zip:

SIGNATURE: TERRY GREENE 02/03/2009 Τ