


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90822 044 ***150.00

DOCUMENT # 246396

1. Entity Name
ALFAB CORPORATION



Principal Place of Business
**7010 28TH COURT, EAST
SARASOTA FL 34243**

Mailing Address
**7010 28TH COURT, EAST
SARASOTA FL 34243**

2. Principal Place of Business
Suito, Apt. #, etc.

3. Mailing Address
Suito, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

4. FEI Number **59-0931973** Applied For Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**WITTE, ELDON D.
8126 LONGBAY BLVD.
SARASOTA FL 34243**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ DATE _____
Agent's typed or printed name or registered agent and date of signature DATE (Registered Agent Signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

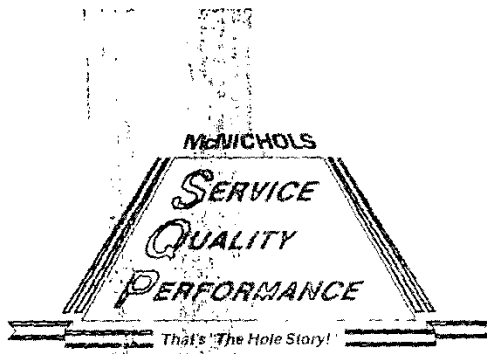
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WITTE, ELDON D 8126 LONGBAY BLVD. SARASOTA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c) 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 an address, with all other like empowered.

SIGNATURE: **X ELDON D. WITTE** *Eldon D. Witte (94)* **4-29-03 755-3172**
SIGNATURE AND TYPED OR PRINTED NAME OF CHANGING OFFICER OR DIRECTOR Date Telephone No.

CRE034 (1/02)

Attachment ⁸⁰¹⁰²¹⁶⁰⁵ Lot# 246386



Service Centers Coast to Coast



McNICHOLS CO.

NATIONAL

800-237-3820

FAX: 813-289-7884 TELEX: 52706

