

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # 357813

1. Entity Name
ALGY TRIMMINGS CO INC



Principal Place of Business

**440 N.E. FIRST AVENUE
HALLANDALE, FL 33009**

Mailing Address

**440 N.E. FIRST AVENUE
HALLANDALE, FL 33009**



03272008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1281354

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**LIEBERMAN, HERBERT
440 NE 1ST AVE
HALLANDALE, FL 33009**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GODBOUT, MICHAEL
STREET ADDRESS	1930 NE 207 ST
CITY-ST-ZIP	MIAMI, FL 33179
TITLE	C
NAME	LIEBERMAN, HERBERT
STREET ADDRESS	3801 N E 207 ST #801
CITY-ST-ZIP	MIAMI, FL 33180
TITLE	P
NAME	GORDON, SUSAN
STREET ADDRESS	1051 NORTHWEST 114 AVENUE
CITY-ST-ZIP	PLANTATION, FL 33323
TITLE	ST
NAME	GODBOUT, LAURIE
STREET ADDRESS	1930 NE 207 ST
CITY-ST-ZIP	N MIAMI BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/17/08-60034-013 150.00

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/08

Date

Daytime Phone #