

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90147 017 \*\*\*150.00

**DOCUMENT # F02000000108**

1. Entity Name  
**ALAFAYA ACQUIRING CORPORATION**



Principal Place of Business  
**16835 KERCHEVAL  
GROSSE POINTE, MI 48230**

Mailing Address  
**16835 KERCHEVAL  
GROSSE POINTE, MI 48230**

**24063134**



01212004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**30-0013737**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

~~TITLE PD  
NAME SCHENK, JARED  
STREET ADDRESS 16835 KERCHEVAL  
CITY - ST - ZIP GROSSE POINTE, MI 48230~~

~~TITLE ~~VP~~ PD  
NAME JAFFE, IRA J  
STREET ADDRESS 16835 KERCHEVAL  
CITY - ST - ZIP GROSSE POINTE, MI 48230~~

TITLE CD  
NAME CRAWFORD, RICHARD S  
STREET ADDRESS 16835 KERCHEVAL  
CITY - ST - ZIP GROSSE POINTE, MI 48230

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #

**3-12-04 313-343-8400**