

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90029 003 ***150.00

DOCUMENT # F02000000108					
1. Entity Name ALAFAYA ACQUIRING CORPORATION					
Principal Place of Business 3000 IMMOKALEE RD SUITE 5 NAPLES, FL 34110			Mailing Address 3000 IMMOKALEE RD SUITE 5 NAPLES, FL 34110		
2. Principal Place of Business - No P.O. Box # 999 Vanderbilt Beach Rd. Suite, Apt. #, etc. Suite 610		3. Mailing Address 999 Vanderbilt Beach Rd. Suite, Apt. #, etc. Suite 610			
City & State Naples, FL		City & State Naples FL		4. FEI Number 30-0013737	
Zip 34108		Country U.S.A.		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CRAWFORD, RICHARD S 3000 IMMOKALEE RD SUITE 5 NAPLES, FL 34110			7. Name and Address of New Registered Agent Name: Crawford, Richard S. Street Address (P.O. Box Number is Not Acceptable): 999 Vanderbilt Beach Road Suite 610 City: Naples FL Zip Code: 34108		
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 _____ (NOTE: Registered Agent's signature required when registering)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PO JAFFE, IRA J 16835 KERCHEVAL GROSSE POINTE, MI 48230	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD CRAWFORD, RICHARD S 16835 KERCHEVAL GROSSE POINTE, MI 48230	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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: _____		Date: 3-19-08 (239) 593-6160			