
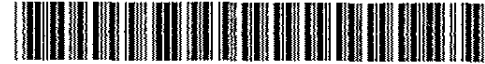


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # F58788 1. Entity Name FLAMINGO CORPORATION OF FLORIDA	
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Principal Place of Business C/O JANE S. ALSTON 14100 SILVER PALM DRIVE GOULDS, FL 33170 US	Mailing Address C/O JANE S. ALSTON 14100 SILVER PALM DRIVE GOULDS, FL 33170 US
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01272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2153363	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ALSTON, JANE S 14100 SILVER PALM DRIVE GOULDS, FL 33170
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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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP ALSTON, JANE 14100 SILVER PALM DRIVE GOULDS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MARCUS D ALSTON III 14100 S.W. 232ND ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ALSTON, CATHRINE L 14100 SW 232 ST. MIAMI, FL 33170
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/25/05-80067-008 150.00

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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)(f), 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: Jane S Alston 01/27/05 305 258 4876
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #