



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # G46898	
1. Entity Name A.L.F.B. ENTERPRISES, INC.	

Principal Place of Business 15755 NW 15 AVE PO BOX 695203 MIAMI, FL 33269-9203	Mailing Address 15755 NW 15 AVE PO BOX 695203 MIAMI, FL 33269-9203
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DO NOT WRITE IN THIS SPACE

	
03012007 No Chg-P	CR2E034 (11/05)
4. FEI Number 52-1311543	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	
BARROSO, JUAN CARLOS 15755 NW 15TH AVE MIAMI, FL 33169	

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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  _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

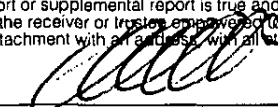
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BARROSO, JUAN CARLOS 15755 N.W. 15TH AVENUE MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD CHABAN, SHELDON 15755 N.W. 15TH AVENUE MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BARROSO, OMAIDA 15755 NW 15TH AVE MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CHABAN, PATTIA 15755 NW 15TH AVE MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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05/03/07-80032-013 150.00

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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

Date _____ Daytime Phone # _____