

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 25, 2008 08:00 AM
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



01032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-1311543

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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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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
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000922133
05/15/08-80034-015 150.00

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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:

SHELDON CHABAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/08 305 625 6701