

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # G64665

1. Entity Name
ALEXANDER OFFICE SYSTEMS, INC.



Principal Place of Business
**19930 N.W. 83RD AVENUE
HIALEAH FL 33015
US**

Mailing Address
**19930 N.W. 83RD AVENUE
HIALEAH FL 33015
US**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

1st MOORE CR2ED34 (10/05)

4. FEI Number **59-2337182** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
**ALEXANDER, KATHERINE E
19930 N.W. 83 AVENUE
HIALEAH FL 33015**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)
DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DP	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	ALEXANDER, KATHERINE E.			NAME			
STREET ADDRESS	19930 N.W. 83RD AVE.			STREET ADDRESS			
CITY-ST-ZIP	HIALEAH FL 33015			CITY-ST-ZIP			
TITLE	ST	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	WOOLF, RICHARD M SECY-TR			NAME			
STREET ADDRESS	19980 NW 83 CT			STREET ADDRESS			
CITY-ST-ZIP	HIALEAH FL 33015			CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Katherine E Alexander* **9/19/06 (305) 829-4449**

DATE: _____ DAYTIME PHONE: _____