2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G89691

1. Entity Name
ALDERCREST OF FLORIDA, INC.

Principal Place of Business	Mailing Address
105 EAST 21 STREET HIALEAH, FL 33010	105 EAST 21 STREET P.O. BOX 1806 HIALEAH, FL 33010

DO NOT WRITE IN THIS SPACE

01282008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2388697	Not Applicable
5. Certificate of Status Desired	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BRUNETTI, JOHN J
105 EAST 21 STREET
HIALEAH, FL 33010

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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, 2008 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000848135 03/20/08-80005-026 158.75

10.	OFFICERS AND DIRECTORS	

TITLE	PD
NAME	BRUNETTI, JOHN J.
STREET ADDRESS	1655 US HWY 9
CITY-ST-ZIP	OLD BRIDGE, NJ
TITLE	V
NAME	BRUNETTI, JOHN J J
STREET ADDRESS	1655 US HWY 9
CITY-ST-ZIP	OLD BRIDGE, NJ
TITLE	S
NAME	BRUNETTI, STEPHEN P
STREET ADDRESS	1655 US HWY 9
CITY-ST-ZIP	OLD BRIDGE, NJ
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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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: _____Stephen P Brunetti_____ 3/17/08   305 885 8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone