


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90052 032 ***150.00

DOCUMENT # J48818
 1. Entity Name
ALFIE DEVELOPMENT CORP.



Principal Place of Business 525 SOUTH FLAGLER DRIVE STE #200 1016 Clearwater Place W. PALM BEACH, FL 33401 US	Mailing Address 525 SOUTH FLAGLER DRIVE STE #200 1016 Clearwater Place W. PALM BEACH, FL 33401 US
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01162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2761125	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

KOEPPEL, JOEL P.
525 SOUTH FLAGLER DRIVE
~~SUITE 200~~ **1016 Clearwater Place**
 WEST PALM BEACH, FL 33401

DO NOT WRITE 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: *Joel P. Koepfel* **JOEL P. KOEPPEL** 2/5/07
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, 2007 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 JOEL P. KOEPPEL 1016 Clearwater Place 525 SOUTH FLAGLER DRIVE, #200 WEST PALM BEACH, FL 33401
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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: *Joel P. Koepfel* **2/5/07** **561-659-6455**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JOEL P. KOEPPEL