


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90159 021 ***150.00

DOCUMENT # J48818

1. Entity Name
ALFIE DEVELOPMENT CORP.



Principal Place of Business Mailing Address

1016 CLEARWATER PLACE **1016 CLEARWATER PLACE**
W. PALM BEACH, FL 33401 **W. PALM BEACH, FL 33401** **US** **US**

60032206



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

400 S. AUSTRALIAN AVE **400 S. AUSTRALIAN AVE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
#300 **#300**

03192008 Chg-P CR2E034 (12/06)

City & State City & State

WEST PALM BEACH **WEST PALM BEACH**

4. FEI Number Applied For

59-2761125 Not Applicable

Zip Country Zip Country

33401 **USA** **33401** **USA**

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

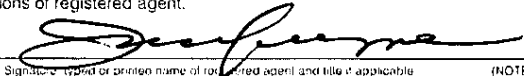
6. Name and Address of Current Registered Agent

KOEPEL, JOEL P.
1016 CLEARWATER PLACE
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name **JOEL P. KOEPEL**
 Street Address (P.O. Box Number is Not Acceptable)
400 S. AUSTRALIAN AVENUE
#300
 City **WEST PALM BEACH** **FL** Zip Code **33401**

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  DATE **3/18/08**

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating) 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	DP	<input type="checkbox"/> Delete
NAME	JOEL P. KOEPEL	
STREET ADDRESS	1016 CLEARWATER PLACE	
CITY - ST - ZIP	WEST PALM BEACH, FL 33401	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	400 S. AUSTRALIAN AVE, #300	
CITY - ST - ZIP	WEST PALM BEACH, FL 33401	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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. Koepel** DATE **4/28/08** DAYTIME PHONE # **(561) 659-6455**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #