## 2007 FOR PROFIT CORPORATION **FILED ANNUAL REPORT** Feb 05, 2007 08:00 AM DOCUMENT # J69539 **Secretary of State** 1. Entity Name ALLÁPATTAH ACLF, INC. Principal Place of Business Mailing Address 3300 N.W. 17TH AVE. 8357 W FLAGLER ST MIAMI, FL 33142 319 MIAMI, FL 33144 01182007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 59-2815335 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PANKEY, RICHARD A. DO NOT WRITE 3300 N.W. 17TH AVE. MIAMI, FL 33142 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, 2007 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

U00000623308 02/13/07-80061-007 158.75

Applied For

Not Applicable

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10.	OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PANKEY, RICHARD A. 3300 N.W. 17TH AVE. MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PANKEY, JANICE L 3300 NW 17TH AVE MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE 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: