

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008 08:00 AM
Secretary of State

DOCUMENT # K03335

1. Entity Name
ALHAMRA, INC.



Principal Place of Business
POST OFFICE BOX 4128
ST. AUGUSTINE, FL 32085

Mailing Address
POST OFFICE BOX 4128
ST. AUGUSTINE, FL 32085



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2860818

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AJLONI, SAM
1474 SAN JULINE CIRCLE
ST. AUGUSTINE, FL 32086

**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

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME AJLONI, SAM
STREET ADDRESS 1474 SAN JULINE CIRCLE
CITY-ST-ZIP SAINT AUGUSTINE, FL 32084

TITLE V
NAME AJLONI, DINO
STREET ADDRESS 5440 SHORE DR
CITY-ST-ZIP SAINT AUGUSTINE, FL 32086

TITLE S
NAME AJLONI, DANIA
STREET ADDRESS 1474 SAN JULINE CIR
CITY-ST-ZIP SAINT AUGUSTINE, FL 32084

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000776026
01/09/08-80007-017 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF AGING OFFICER OR DIRECTOR

01-07-08

Date

(904) 824-4420

Daytime Phone #