

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K03335

Entity Name: ALHAMRA, INC.

FILED
Jan 28, 2009
Secretary of State

Current Principal Place of Business:

POST OFFICE BOX 4128
ST. AUGUSTINE, FL 32085

New Principal Place of Business:

1474 SAN JULINE CIRCLE
ST. AUGUSTINE, FL 32084

Current Mailing Address:

POST OFFICE BOX 4128
ST. AUGUSTINE, FL 32085

New Mailing Address:

P.O. BOX 4128
ST. AUGUSTINE, FL 32085

FEI Number: 59-2860818

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

AJLONI, SAM
1474 SAN JULINE CIRCLE
ST. AUGUSTINE, FL 320864 US

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.

SIGNATURE:

01/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: AJLONI, SAM,
Address: 1474 SAN JULINE CIRCLE
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: V () Delete
Name: AJLONI, DINO
Address: 5440 SHORE DR
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: S () Delete
Name: AJLONI, DANIA
Address: 1474 SAN JULINE CIR
City-St-Zip: SAINT AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAM AJLONI

P

01/28/2009

Electronic Signature of Signing Officer or Director

Date