


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2006 8:00 am
Secretary of State

07-12-2006 90005 049 ***150.00

DOCUMENT # K65351	
1. Entity Name ALVERN ENTERPRISE INC.	

Principal Place of Business 2950 SW 2ND AVENUE FT LAUDERDALE, FL 33315 US	Mailing Address 2950 SW 2ND AVENUE FT LAUDERDALE, FL 33315 US
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50022154

2. Principal Place of Business 3020 NE 47TH STREET	3. Mailing Address 3020 NE 47TH STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.



07052006 Chg-P CR2E034 (11/05)

City & State FORT LAUDERDALE, FL	City & State FORT LAUDERDALE, FL
Zip 33308	Country USA

4. FEI Number 65-0162257	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CLARKE, ALFRED 2950 SW 2ND AVENUE FORT LAUDERDALE, FL 33315	7. Name and Address of New Registered Agent Name ALFRED CLARKE Street Address (P.O. Box Number is Not Acceptable) 3020 NE 47TH STREET City FORT LAUDERDALE FL Zip Code 33308
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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: *Alfred Clarke* (NOTE: Registered Agent signature required when reinstating) DATE: **07/07/2006**

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CLARKE, ALFRED 3020 NE 47TH STREET FORT LAUDERDALE, FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS CLARK, SHANTEL 3020 NE 47TH STREET FORT LAUDERDALE, FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Alfred Clarke* **ALFRED CLARKE** **07/07/2006** **954818-6531**

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