## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000028063

1. Entity Name ALFA HOLDINGS, LLC



Principal Place of Business

17703 BONIELLO DRIVE BOCA RATON, FL 33496 Mailing Address

17703 BONIELLO DRIVE BOCA RATON, FL 33496 FILED
Mar 29, 2007 08:00 AM
Secretary of State



DO NOT WRITE IN THIS SPACE

02062007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 03-0487960

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HOWER, ALAN E 17703 BONIELLO DRIVE BOCA RATON, FL 33496

## 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

Filing Fee is \$50.00 Due by May 1, 2007 000000683583 04/05/07-80050-007 50.00

9.	MANAGING MEMBERS/MANAGERS		
TITLE	PT		
NAME	HOWER, ALAN E		
STREET ADDRESS	17703 BONIELLO DR.		
CITY-ST-ZIP	BOCA RATON, FL 33496		
TITLE	PT		
NAME	PAJAUJIS, FRANK		
STREET ADDRESS	7699 ESTRELLA CIRCLE		
CITY-ST-ZIP	BOCA RATON, FL 33433		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filling does not qualify for the			

## DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Slan Howe

Alan Hower

3/27/07

561-994-6788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #