


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # L84487
 1. Entity Name
ALFANO BROTHERS, INC.



Principal Place of Business Mailing Address
9739 W. BROWARD BLVD **9739 W. BROWARD BLVD**
PLANTATION, FL 33324 **PLANTATION, FL 33324**

DO NOT WRITE IN THIS SPACE



03222004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0208589 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
WHITE, ROBERT A.
1401 UNIVERSITY DR
SUITE 600
CORAL SPRINGS, FL 33071

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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 _____ DATE _____
Signature, hood or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000114433
 04/15/04-80049-018 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST ZIP	PD ALFANO, JOSEPH 1600 N.W. 100 WAY PLANTATION, FL
TITLE NAME STREET ADDRESS CITY - ST ZIP	STD ALFANO, JOHN 12117 NW 9TH DR. CORAL SPRINGS, FL
TITLE NAME STREET ADDRESS CITY - ST ZIP	V ALFANO, DONNA 12117 NW 9TH DR. CORAL SPRINGS, FL
TITLE NAME STREET ADDRESS CITY - ST ZIP	V ALFANO, GRAZIELLA 1600 NW 100 WAY PLANTATION, FL
TITLE NAME STREET ADDRESS CITY - ST ZIP	
TITLE NAME STREET ADDRESS CITY - ST ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 (be empowered).

SIGNATURE:  Date: **3-28-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dept. No. Phone #