


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # L84487

1. Entity Name
ALFANO BROTHERS, INC.



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

Mailing Address
**9739 W. BROWARD BLVD
 PLANTATION, FL 33324**

DO NOT WRITE IN THIS SPACE



01162005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0208589

Applied For
 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ALFANO, JOSEPH
STREET ADDRESS	1600 N.W. 100 WAY
CITY-ST-ZIP	PLANTATION, FL
TITLE	STD
NAME	ALFANO, JOHN
STREET ADDRESS	12117 NW 9TH DR.
CITY-ST-ZIP	CORAL SPRINGS, FL
TITLE	V
NAME	ALFANO, DONNA
STREET ADDRESS	12117 NW 9TH DR.
CITY-ST-ZIP	CORAL SPRINGS, FL
TITLE	V
NAME	ALFANO, GRAZIELLA
STREET ADDRESS	1600 NW 100 WAY
CITY-ST-ZIP	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)(i), 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 Donna Alfano 1/16/05 954 346-2316
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #