


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 31, 2006 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



01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00**

9. Election Campaign Financing **\$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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02/08/06-80072-009 150.00

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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: John Alfano TREAS. 1/13/06 954-749-1055

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