

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L84487

FILED
Mar 07, 2009
Secretary of State

Entity Name: ALFANO BROTHERS, INC.

Current Principal Place of Business:

9739 W. BROWARD BLVD
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

9739 W. BROWARD BLVD
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 65-0208589 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITE, ROBERT A.
1401 UNIVERSITY DR
SUITE 600
CORAL SPRINGS, FL 33071 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ALFANO, JOSEPH,
Address: 1600 N.W. 100 WAY
City-St-Zip: PLANTATION, FL

Title: STD () Delete
Name: ALFANO, JOHN,
Address: 12117 NW 9TH DR.
City-St-Zip: CORAL SPRINGS, FL

Title: V () Delete
Name: ALFANO, DONNA
Address: 12117 NW 9TH DR.
City-St-Zip: CORAL SPRINGS, FL

Title: V () Delete
Name: ALFANO, GRAZIELLA
Address: 1600 NW 100 WAY
City-St-Zip: PLANTATION, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN ALFANO

_____ Electronic Signature of Signing Officer or Director

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03/07/2009

_____ Date