

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L90821

Entity Name: ALVYN'S ENTERPRISES, INC.

FILED
Feb 04, 2009
Secretary of State

Current Principal Place of Business:

204 E INTERLAKE BLVD
LAKE PLACID, FL 33852 US

New Principal Place of Business:

Current Mailing Address:

7715 YARDLEY DRIVE
114
TAMARAC, FL 33321 US

New Mailing Address:

FEI Number: 59-1234646 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALVYN, ALVIN EDWARD
1552 LAKE CLAY DR
LAKE PLACID, FL 33852 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: DPM () Delete
Name: ALVYN, ALVIN EDWARD,
Address: 1552 LAKE CLAY DR
City-St-Zip: LAKE PLACID, FL 33852

Title: VTS () Delete
Name: ALVYN, ALVIN EDWARD,
Address: 1552 LAKE CLAY DR
City-St-Zip: LAKE PLACID, FL 33852

Title: VPS () Delete
Name: TIEGER, PAULA R
Address: 7715 YARDLEY DRIVE #114
City-St-Zip: TAMARAC, FL 33321

Title: VPS () Delete
Name: KAPLAN, KAREN S
Address: 7715 YARDLEY DRIVE #213
City-St-Zip: TAMARAC, FL 33321

Title: VPS () Delete
Name: HOROWITZ, STEPHEN R
Address: 1212 SUGARLOAF RESERVE DR
City-St-Zip: DULUTH, GA 30097

Title: VPS () Delete
Name: ASHLEY, BETSY
Address: 11355 SW 112 CIRCLE LANE SOUTH
City-St-Zip: MIAMI, FL 33176

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:

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: PAULA TIEGER

VPS

02/04/2009

Electronic Signature of Signing Officer or Director

_____ Date