

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 20, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N00000004972

1. Entity Name  
 TINA ALF INC



Principal Place of Business  
 20501 NW 28 CT  
 CAROL CITY, FL 33056

Mailing Address  
 PO BOX 55-2645  
 OPA LOCKA, FL 33055



07172005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 65-0892847

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

CARSWELL, CLEMENTINA  
 20501 NW 28 CT  
 CAROL CITY, FL 33056

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE PD  
 NAME CARSWELL, CLEMENTINA  
 STREET ADDRESS 20501 NW 28 CT  
 CITY-ST-ZIP CAROL CITY, FL 33056

TITLE TD  
 NAME ABEL, VIRGINIA  
 STREET ADDRESS 4320 S.W. 24 ST.  
 CITY-ST-ZIP HOLLYWOOD, FL 33023

TITLE SD  
 NAME POWELL, IDA  
 STREET ADDRESS 2619 MAYO ST.  
 CITY-ST-ZIP HOLLYWOOD, FL 33020

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

U00000373733  
 07/20/05-80005-013 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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: \_\_\_\_\_

*Clementina Carswell* CLEMENTINA CARSWELL 7-18-05 3056227110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #