


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000004972 1. Entity Name TINA ALF INC	
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Principal Place of Business 20501 NW 28 CT CAROL CITY, FL 33056	Mailing Address PO BOX 55-2645 OPA LOCKA, FL 33055
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DO NOT WRITE IN THIS SPACE



01062006 No Chg-NP	CR2E037 (11/05)
4. FEI Number 65-0892847	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CARSWELL, CLEMENTINA 20501 NW 28 CT CAROL CITY, FL 33056

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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)

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARSWELL, CLEMENTINA 20501 NW 28 CT CAROL CITY, FL 33056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ABEL, VIRGINIA 4320 S.W. 24 ST. HOLLYWOOD, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD POWELL, IDA 2619 MAYO ST. HOLLYWOOD, FL 33020
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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 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 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 Date: 1-6-06 Daytime Phone #: 305-622-7110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR