


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90093 025 ****70.00

DOCUMENT # N03000003137		
1. Entity Name ALHAMBRA HEIGHTS RESIDENTIAL FORCE, INC.		

Principal Place of Business 12555 BISCAYNE BLVD. 812 N. MIAMI, FL 33181	Mailing Address 12555 BISCAYNE BLVD. 812 N. MIAMI, FL 33181
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2. Principal Place of Business - No P.O. Box # 12128 NW 2nd Ave.		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State North miami		City & State	
Zip 33168	Country Dade	Zip	Country

04302007 Chg-NP CR2E037 (12/06)

4. FEI Number 71-0922146	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
HILTON, BEVERLY 12495 NW 6 AVE N. MIAMI, FL 33168	

7. Name and Address of New Registered Agent	
Name -	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 <u>Beverly Hilton</u> DATE <u>4/21/07</u>
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Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ADDISON, RAYMOND 12555 BISCAYNE BLVD. N. MIAMI, FL 33181 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Director Gail Williams 15225 N.E 8th Avenue N.Miami Beach, FL 33161 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NELSON, JOCELYN 510 NW 122 ST N. MIAMI, FL 33168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Rodney Pitman-Delancey 700 N.E 124th Street North Miami, FL 33161 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HILTON, BEVERLY 12495 N.W. 6TH AVE. N MIAMI, FL 33168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Mitch Horodowich 12490 N.W 4th Avenue North Miami, FL 33168 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALDERSON, ORIEN 11828 SW 7 ST PEMBROKE PINES, FL 33025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Thomas Tate 245 N.W 124th Street North Miami, FL 33168 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NELSON, JOCELYNE 510 NW 122 STREET NORTH MIAMI BEACH, FL 33160 <input checked="" type="checkbox"/> Delete Dupe	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Sherlyn Mc Whorter P.O Box 171921 Miami, FL 33017 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BH 4/21/07

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 <u>Beverly Hilton</u> DATE <u>4/21/07</u>	

786.553.8555