


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 14, 2006 8:00 am**  
**Secretary of State**

09-14-2006 90002 030 \*\*\*\*70.00

<b>DOCUMENT # N05000011954</b> 1. Entity Name <b>ALFONZA TATE INC.</b>					
Principal Place of Business <b>3141 NW 134 ST. OPA LOCKA, FL 33054</b>			Mailing Address <b>3141 NW 134 ST. OPA LOCKA, FL 33054</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		Country	
4. FEI Number				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>LINER, SAMUEL 1211 SESAME ST. OPA LOCKA, FL 33954</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City		
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><i>Samuel Liner</i></u> <span style="float: right;">8-30-06</span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TATE, ALFONZA 3141 NW 134 ST. OPA LOCKA, FL 33054	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LINER, SAMUEL 1211 SESAME ST. OPA LOCKA, FL 33054	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHATFIELD, JAMES 1800 NW 135 ST. OPA LOCKA, FL 33054	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> <u><i>Alfonza Tate</i></u> <span style="float: right;">8-30-06</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

60038971



07142006 Chg-NP CR2E037 (4/06)



**Washington Mutual**

ATTACHMENT

P.O. BOX 1097  
NORTHRIDGE CA 91328-1097

September 06, 2006

60038977  
#105000011954

IF YOU ARE IN BANKRUPTCY OR HAVE  
BEEN DISCHARGED, THIS IS FOR  
INFORMATIONAL PURPOSES AND IS  
NOT AN ATTEMPT TO COLLECT A DEBT.

SAMUEL LINER JR  
PO BOX 540563  
OPA LOCKA FL 33054-0563



Re: Important Information for Account Number: 831-084213-8

We recently received one or more checks or withdrawal requests that couldn't be covered by the available funds in your account at the time they were processed (Non-Sufficient Funds (NSF) Transaction). Below, we show whether the NSF Transaction was paid or was returned to the payee, and the related fee amount charged to your account.

NSF Transaction		Amount	Action	Fee	Date
BELLSOUTH	PHONE SVC	\$370.00	Returned	\$30.00	9/05/06

Total fees charged to your account: \$30.00

As of the time this notice was generated (which may be later than the time the transactions were presented), the available balance in your account was \$101.12. An immediate deposit to cover any negative balance is required. This balance does not include any subsequent transactions processed (for example, deposits to or withdrawals from your account) since the time this notice was generated. In addition to any other rights we may have, accounts not brought to a positive balance within 10 days of first becoming overdrawn will be subject to suspension of transactions and we may report information about negative activity on your account to credit bureaus, which may be reflected on your credit report.

Monitoring your account balance and transactions, and keeping sufficient available funds in your account to cover all of your transactions are the best ways to avoid NSF transactions. And, they are the best ways to protect your account against the charges for these situations. Be sure to record all of your transactions - don't forget debit card purchase transactions, ATM withdrawals, electronic bill payments, automatic or other transactions. We offer a variety of ways to check your account's available balance: at any Washington Mutual ATM or financial center, by phone (24 hours a day) and through our online banking service at wamu.com. You can check your balance using any of these methods for free, so check often.

We may also have overdraft protection products available for your account. If you're interested, we'd be happy to discuss them with you.

Please visit your neighborhood financial center or call us at 1-800-788-7000, day or night, if you have any questions.

Sincerely,

Washington Mutual Bank, FA