

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000111658

1. Entity Name
ALFA WAREHOUSES OF BROWARD, INC.



Principal Place of Business
230 N.W. 4TH AVE.
HALLANDALE, FL 33009

Mailing Address
230 N.W. 4TH AVE.
HALLANDALE, FL 33009

FILED
Jul 09, 2004 8:00 am
Secretary of State

07-09-2004 90001 035 ***150.00



07052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1071429	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

BEN-JOSEPH, AVRAHAM
8655 SW 57 PLACE
COOPER CITY, FL 33328

**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

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BEN-JOSEPH, AVRAHAM 8655 SW 57 PLACE COOPER CITY, FL 33328
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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)(i), 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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature]

7/6/04

954 816 3453

7-2-04

Attachment

54060716

P00000111658

ALFA WAREHOUSES OF BROWARD, INC

**230 NW 4 AVE
HALLANDALE FL, 33009**

**To: Florida department of state
Re: for profit corporation annual report**

ATT : to whom it may concern

We have received a notice from your department of intent to dissolve .
On march 28 2004-check # 1079 was issued for the amount of \$150 and was sent to
you with the completed 2004 annual report form .
Our bank confirmed that the check was not cashed . We are sending you a
replacement check with another copy of the 2004 annual report.
Please call me at 954-816-3453 if you have any question.

Thank you


Avi Ben-Joseph president