

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 27, 2007 8:00 am
Secretary of State

08-27-2007 90035 006 ***150.00

DOCUMENT # P01000069864

1. Entity Name
ALF'S ANIMAL CAGES & FENCES, INC.



Principal Place of Business
**20301 SW 318 ST.
MIAMI, FL 33030**

Mailing Address
**20301 SW 318 ST.
MIAMI, FL 33030**

2. Principal Place of Business - No P.O. Box #
820 N. NOGAL ST
Suite, Apt. #, etc.

3. Mailing Address
820 N. NOGAL ST
Suite, Apt. #, etc.



08012007 Chg-P CR2E034 (12/06)

City & State
CLEWISTON
Zip
33440 Country
USA

City & State
CLEWISTON
Zip
33440 Country

4. FEI Number
65-1121486 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PINA, MAYRA
20301 SW 318 ST
MIAMI, FL 33030**

7. Name and Address of New Registered Agent

Name **PINA MAYRA**

Street Address (P.O. Box Number is Not Acceptable)

820 N. NOGAL ST

City **CLEWISTON** **FL** Zip Code **33440**

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 \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **PINA, MAYRA**
STREET ADDRESS **20301 SW 318 ST.**
CITY-ST-ZIP **MIAMI, FL 33030**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MORALES, ALFREDO**
STREET ADDRESS **20301 SW 318 ST.**
CITY-ST-ZIP **MIAMI, FL 33030**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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: *Mayra Pina*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/20/07

Date

(305) 785-4815

Daytime Phone #