2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000072953

1. Entity Name
ALFROR FAMILY CORPORATION

Principal Place of Business	Mailing Address
7040 SW 8TH ST. PEMBROKE PINES, FL 33023	7040 SW 8TH ST. PEMBROKE PINES, FL 33023

DO NOT WRITE IN THIS SPACE

04062006 No Chg-P CR2E034 (11/05)

4. FEI Number
01-0582618
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROJAS, ALFREDO
7040 SW 8TH ST.
PEMBROKE PINES, FL 33023

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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)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ROJAS, ALFREDO
STREET ADDRESS	7040 SW 8TH STREET
CITY-ST-ZIP	PEMBROKE PINES, FL 33023
TITLE	VP
NAME	ROJAS, VIRGINIA
STREET ADDRESS	7040 SW 8TH STREET
CITY-ST-ZIP	PEMBROKE PINES, FL 33023
TITLE	T
NAME	CRAWFORD, GLORIA
STREET ADDRESS	7011 SW 14TH STREET
CITY-ST-ZIP	PEMBROKE PINES, FL 33023
TITLE	S
NAME	RIDOLFI, NORA
STREET ADDRESS	5200 SW 89TH TERR
CITY-ST-ZIP	COOPER CITY, FL 33328
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/22/06-80100-001 150.00

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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 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 #