

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

|                                                    |                                                                                   |
|----------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P01000072953</b>                     |  |
| 1. Entity Name<br><b>ALFROR FAMILY CORPORATION</b> |                                                                                   |

|                                                                                    |                                                                        |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| Principal Place of Business<br><b>7040 SW 8TH ST.<br/>PEMBROKE PINES, FL 33023</b> | Mailing Address<br><b>7040 SW 8TH ST.<br/>PEMBROKE PINES, FL 33023</b> |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------|

**DO NOT WRITE IN THIS SPACE**



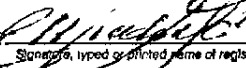
04062006 No Chg-P CR2E034 (11/05)

|                                                           |                                                        |
|-----------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>01-0582618</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

|                                                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br><b>ROJAS, ALFREDO<br/>7040 SW 8TH ST.<br/>PEMBROKE PINES, FL 33023</b> |
|-------------------------------------------------------------------------------------------------------------------------------|

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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  | (NOTE: Registered Agent signature required when retaining) | DATE |
|-----------------------------------------------------------------------------------------------|------------------------------------------------------------|------|

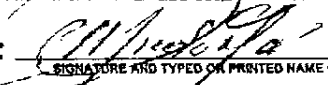
|                                                                               |                                                                                                                        |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                          |
|------------------------------------------------|--------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>ROJAS, ALFREDO<br>7040 SW 8TH STREET<br>PEMBROKE PINES, FL 33023    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>ROJAS, VIRGINIA<br>7040 SW 8TH STREET<br>PEMBROKE PINES, FL 33023  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>CRAWFORD, GLORIA<br>7011 SW 14TH STREET<br>PEMBROKE PINES, FL 33023 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>RIDOLFI, NORA<br>5200 SW 89TH TERR<br>COOPER CITY, FL 33328         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>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.

|                                                                                                       |                                                                    |      |                 |
|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------|-----------------|
| <b>SIGNATURE:</b>  | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone # |
|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------|-----------------|