# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 16, 2007 8:00 am**
**Secretary of State**
04-16-2007 90085 014 ***150.00

DOCUMENT # P01000072953

1. Entity Name
ALFROR FAMILY CORPORATION

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

04112007 Chg-P CR2E034 (12/06)

| 2. Principal Place of Business - No P.O. Box | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

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 | 7. Name and Address of New Registered Agent |
|---|---|
| ROJAS, ALFREDO<br>7040 SW 8TH ST.<br>PEMBROKE PINES, FL 33023 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

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 of new registered agent, if applicable (NOTE: Registered Agent must sign) Typed or printed name of registered agent

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2007 Fee will be $550.00**

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

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | P<br>ROJAS, ALFREDO<br>7040 SW 8TH STREET<br>PEMBROKE PINES, FL 33023 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY ST ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | VP<br>ROJAS, VIRGINIA<br>7040 SW 8TH STREET<br>PEMBROKE PINES, FL 33023 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY ST ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | T<br>CRAWFORD, GLORIA<br>7011 SW 14TH STREET<br>PEMBROKE PINES, FL 33023 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY ST ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | S<br>RIDOLFI, NORA<br>5200 SW 89TH TERR<br>COOPER CITY, FL 33328 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY ST ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY ST ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY ST ZIP | ☐ Change ☐ 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 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:** _____ Date: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #