

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000120367

**FILED**  
**Mar 16, 2008**  
**Secretary of State**

**Entity Name:** ALDEN PARK, INCORPORATED

**Current Principal Place of Business:**

1800 SOUTH OCEAN BLVD.  
POMPANO BEACH, FL 33062

**New Principal Place of Business:**

1800 SOUTH OCEAN BLVD.  
#607  
POMPANO BEACH, FL 33062

**Current Mailing Address:**

P O BOX 11262  
POMPANO BEACH, FL 33061

**New Mailing Address:**

1800 SOUTH OCEAN BLVD.  
#607  
POMPANO BEACH, FL 33062

**FEI Number:** 80-0009161

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHARF, DENISE C  
1800 SOUTH OCEAN BLVD.  
POMPANO BEACH, FL 33062 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SHARF, DENISE C  
Address: 1800 S OCEAN BLVD., #607  
City-St-Zip: POMPANO BEACH, FL 33062

Title: VP ( ) Delete  
Name: BESTENI, ALBA-MARIE  
Address: 1800 S OCEAN BLVD., #607  
City-St-Zip: POMPANO BEACH, FL 33062

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** ALBA-MARIE BESTENI

VP

03/16/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date