

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000011372

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Entity Name:** ALTO OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

1946 WILTON DRIVE  
FT LAUDERDALE, FL 33305

**New Principal Place of Business:**

**Current Mailing Address:**

10271 KEY PLUM STREET  
PLANTATION, FL 33324

**New Mailing Address:**

2681 N FLAMINGO ROAD  
#107  
SUNRISE, FL 33323

**FEI Number:** 14-1869422

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GOTTFRIED, BETTY  
10271 KEY PLUM STREET  
PLANTATION, FL 33324 US

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

GOTTFRIED, BETTY  
2681 N FLAMINGO ROAD  
#107  
SUNRISE, FL 33323 US

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

04/25/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DR.  
Name: GOTTFRIED, BETTY  
Address: 2681 N FLAMINGO ROAD  
City-St-Zip: SUNRISE, FL 33323

I hereby 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 all other like empowered.

SIGNATURE: BETTY GOTTFRIED

MGR

04/25/2012

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

\_\_\_\_\_  
Date