



**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 26, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT#</b> P03000051518	
<b>1. Entity Name</b> THE ALLIANCE OF HIBISCUS HEIGHTS, INC.	

<b>Principal Place of Business</b> 2765 N.W. 164 ST. OPALOCKA, FL 33054	<b>Mailing Address</b> 2765 N.W. 164 ST. OPALOCKA, FL 33054
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**DO NOT WRITE IN THIS SPACE**



03202007 No Chg-P CR2E034 (11/05)

<b>4. FEI Number</b> 05-0572612	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  ROBINSON, MAXINE 2765 N.W. 164 ST OPALOCKA, FL, FL 33054	<b>DO NOT WRITE IN THIS SPACE</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 reinstating) **DATE** \_\_\_\_\_

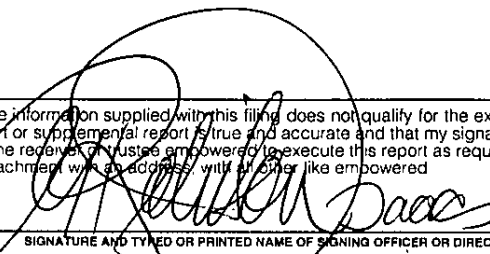
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> ROBINSON-ISAACS, MAXINE 2765 N. W. 164 ST OPALOCKA, FL 33054
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>CEO</b> ROBINSON-ISAACS, MAXINE 2765 N.W. 164 ST. OPALOCKA, FL 33054
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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03/30/07-80039-010 150.00

**DO NOT WRITE IN THIS SPACE**

**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 registered agent 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 my address, with all other like empowered**

**SIGNATURE:**  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**3/20/2007** **305-450-4078**  
Date Daytime Phone #