

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 09, 2004 8:00 am**  
**Secretary of State**

08-09-2004 90013 033 \*\*\*150.00

**DOCUMENT # P03000061693**

1. Entity Name

ALAFIA INC.



Principal Place of Business

9225 HIDDEN WATER CIRCLE  
RIVERVIEW FL 33569

Mailing Address

9225 HIDDEN WATER CIRCLE  
RIVERVIEW FL 33569

44001110



MOORE

CR2E034 (4/04)

2. Principal Place of Business

1006, HALLWOOD LOOP  
Suite, Apt. #, etc.

3. Mailing Address

1006, HALLWOOD LOOP  
Suite, Apt. #, etc.

City & State

BRANDON FL

City & State

BRANDON FL

4. FEI Number

43-2018177

☒ Applied For

☐ Not Applicable

Zip

33511

Country

U.S.A

Zip

33511

Country

U.S.A

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ODUSANYA, ADEOLA A  
9225 HIDDEN WATER CIRCLE  
RIVERVIEW FL 33569

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**DUE BY September 8, 2004**

**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME ODUSANYA, ADEOLA A  
STREET ADDRESS 9225 HIDDEN WATER CIRCLE  
CITY-ST-ZIP RIVERVIEW FL 33569

TITLE V ☐ Delete  
NAME ODUSANYA, OLAIDE A  
STREET ADDRESS 9225 HIDDEN WATER CIRCLE  
CITY-ST-ZIP RIVERVIEW FL 33569

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/3/04