## **~2005 FOR PROFIT CORPORATION** ANNUAL REPORT

## FILED Feb 08, 2005 08:00 AM **DOCUMENT # P03000105546 Secretary of State** ALZAF ENTERPRISES, INC. Principal Place of Business Mailing Address 405 NORTH HIBISCUS DRIVE SUITE 107 405 NORTH HIBISCUS DRIVE SUITE 107 MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 01312005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0252425 Not Applicable \$8.75 Additional Кт. 5. Certificate of Status Desired Fee Regulred 5. Name and Address of Current Registered Agent ROUSSO, DARREN J ESQ DO NOT WRITE ALHAMBRA WEST, 95 MERRICK WAY SUITE 440 CORAL GABLES, FL 33134 IN THIS SPACE 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 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. **DPTS** TITLE ZAFIROVA, ALBENA NAME 405 NORTH HIBISCUS DRIVE SUITE 107 STREET ADDRESS U00000220288 02/08/05-80063-005 158.75 CITY-ST-ZIP MIAMI BEACH, FL 33139 TITLE ZAFIROVA, ALBENA NAME 405 NORTH HIBISCUS DRIVE SUITE 107 STREET ADDRESS MIAMI BEACH, FL 33139 CITY-ST-7/P TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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

SIGNATURE: 1/2

NAME STREET ADDRESS CITY-ST-ZIP