

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000105546

Entity Name: ALZAF ENTERPRISES, INC.

FILED
Mar 19, 2008
Secretary of State

Current Principal Place of Business:

405 NORTH HIBISCUS DRIVE
SUITE # 107
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

405 NORTH HIBISCUS DRIVE
SUITE # 107
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 20-0252425 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROUSSO, DARREN J ESQ
ALHAMBRA WEST, 95 MERRICK WAY SUITE 440
CORAL GABLES, FL 33134 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: DPTS () Delete
Name: ZAFIROVA, ALBENA
Address: 405 NORTH HIBISCUS DRIVE SUITE 107
City-St-Zip: MIAMI BEACH, FL 33139

Title: P () Delete
Name: ZAFIROVA, ALBENA
Address: 405 NORTH HIBISCUS DRIVE SUITE 107
City-St-Zip: MIAMI BEACH, FL 33139

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: ALBENA ZAFIROVA

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03/19/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date