

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000139560

Entity Name: ALWOOD REALTY CORP

FILED  
Jan 15, 2007  
Secretary of State

## Current Principal Place of Business:

PO BOX 590698  
TAMARAC, FL 333590698 US

## New Principal Place of Business:

5567 N STATE RD 7  
NORTH LAUDERDALE, FL 33359 US

## Current Mailing Address:

PO BOX 590698  
TAMARAC, FL 33359 US

## New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MESTRE, OCTAVIO E  
7385 SW 87 AVENUE  
SUITE 100  
MIAMI, FL 33173 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: OCTAVIO MESTRE

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SAGET, ALIX SR  
Address: 158-24 78 ROAD  
City-St-Zip: FLUSHING, NY 11366 US

Title: VP,S ( ) Delete  
Name: SAGET, ALIX JR.  
Address: PO BOX 590698  
City-St-Zip: TAMARAC, FL 33359 US

Title: D ( ) Delete  
Name: SAGET, MAYERLING  
Address: PO BOX 590698  
City-St-Zip: TAMARAC, FL 33359 US

Title: D ( ) Delete  
Name: SAGET, MARY  
Address: 158-24 78 ROAD  
City-St-Zip: FLUSHING, NY 11366

Title: D ( ) Delete  
Name: MESTRE, OCTAVIO E  
Address: 7385 SW 87 AVENUE, #100  
City-St-Zip: MIAMI, FL 33173

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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: ALIX SAGET, J R

VP

01/15/2007

Electronic Signature of Signing Officer or Director

Date