


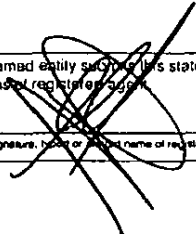
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P05000003144

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED

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STATE
MIAMI, FLORIDA

DOCUMENT # P05000003144 1. Entity Name			
Principal Place of Business		Mailing Address	
2. Principal Place of Business 8760 SW 72nd St Suite, Apt. #, etc.		3. Mailing Address 7947 NW 188 St Suite, Apt. #, etc.	
City & State Miami FL Zip 33173 Country US		City & State Miami FL Zip 33173 Country US	
4. FEI Number 26-0358897		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
		Name Mayra Alvarez	
		Street Address (D. Box Number is Not Acceptable)	
		7947 NW 188 St	
		City Miami FL Zip Code 33015	
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 renewing) DATE 6/14/07			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
P Mayra Alvarez 7947 NW 188 St Miami, FL 33015			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		\$76/27	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 6/14/07 (305) 562-6666	

ATTACHMENT 40121498
~~#P05000003144~~
AL-FRANK INVESTMENT, INC.
8760 SW 72 ST
MIAMI, FL 33173
(305) 562-6666


June 14, 2007

To Whom It May Concern:

This is a brief letter stating that I did not receive any postcard reminding me of the Uniform Business Report of my company Al-Frank Investment, Inc. with Document # P05000003144. Along with this letter you will find a check in the amount of \$300.00 and my Uniform Business Report for the years of 2006 and 2007.

If you need further assistance please feel free to give me a call at the above number. Thank you in advance for your help.

Sincerely,



Mayra Alvarez