

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000026212

1. Entity Name
ALSAR INC.



Principal Place of Business

**1501 BABCOCK ST
MELBOURNE, FL 32901**

Mailing Address

**1501 BABCOCK ST
MELBOURNE, FL 32901**

DO NOT WRITE IN THIS SPACE



01172008 No Chg-P CR2E034 (11/05)

4. FEI Number

20-2366335

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MAVRELIS, ALEXANDER
554 VERACRUZ BLVD
MELBOURNE, FL 32903**

**DO NOT WRITE
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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME MAVRELIS, ALEXANDER
STREET ADDRESS 554 VERACRUZ BLVD
CITY-ST-ZIP MELBOURNE, FL 32903

TITLE V
NAME MAVRELIS, SARANTOSFL U
STREET ADDRESS 554 VERACRUZ BLVD
CITY-ST-ZIP MELBOURNE, FL 32903

TITLE T
NAME MAVRELIS, SARANTOS
STREET ADDRESS 554 VERACRUZ BLVD
CITY-ST-ZIP MELBOURNE, FL 32903

TITLE S
NAME MAVRELIS, SARANTOS
STREET ADDRESS 554 VERACRUZ BLVD
CITY-ST-ZIP MELBOURNE, FL 32903

TITLE D
NAME MAVRELIS, ALEXANDER
STREET ADDRESS 554 VERACRUZ BLVD
CITY-ST-ZIP MELBOURNE, FL 32903

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000795367
01/28/08-80043-024 150.00

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IN THIS SPACE**

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-08

Date

(321) 725-4422

Daytime Phone #