


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90106 046 ***163.75

DOCUMENT # P05000037885 1. Entity Name ALFRED BLYSTONE, P.A.					
Principal Place of Business 210 NW 107TH AVE PEMBROKE PINES, FL 33026			Mailing Address 210 NW 107TH AVE PEMBROKE PINES, FL 33026		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BLYSTONE, ALFRED 210 NW 107TH AVE PEMBROKE PINES, FL 33026				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLYSTONE, ALFRED		NAME		
STREET ADDRESS	210 NW 107TH AVE		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL 33026		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: ALFRED S. BLYSTONE, P.A. <i>Alfred S. Blystone</i> 2/9/06 954-499-5389 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



01052006 Chg-P CR2E034 (11/05)

4. FEI Number **84-1673240** Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required



40023479
Division of Corporations

2006 Annual Report

Listed below is the most recent information reported for the entity.
Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report.	
Document Number	P05000037885
Business Entity Name	ALFRED BLYSTONE, P.A.
Original File Date	03/11/2005

FEI Number

Principal Address 210 NW 107TH AVE
PEMBROKE PINES, FL 33026

Mailing Address 210 NW 107TH AVE
PEMBROKE PINES, FL 33026

Registered Agent ALFRED BLYSTONE
210 NW 107TH AVE
PEMBROKE PINES, FL 33026

Officer/Director Name And Address

D
ALFRED BLYSTONE
210 NW 107TH AVE
PEMBROKE PINES, FL 33026

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