

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90037 036 \*\*\*150.00

DOCUMENT # P05000084815

1. Entity Name  
AL-TECH E.S., INC.



Principal Place of Business  
2 FOXFIRE RD.  
HOLLYWOOD, FL 33021 US

Mailing Address  
2 FOXFIRE RD.  
HOLLYWOOD, FL 33021 US



2. Principal Place of Business - No P.O. Box #  
**10700 NW 18<sup>TH</sup> PLACE**  
Suite, Apt. #, etc.

3. Mailing Address  
**10700 NW 18<sup>TH</sup> PLACE**  
Suite, Apt. #, etc.

04192007 Chg-P CR2E034 (12/06)

City & State  
**PLANTATION, FL**  
Zip **33322** Country **BROWARD**

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**PLANTATION, FL**  
Zip **33322** Country **BROWARD**

4. FEI Number  
**38-3723300**  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**FLORIO, JAMES C**  
**2 FOXFIRE RD.**  
**HOLLYWOOD, FL 33021**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
**10700 NW 18<sup>TH</sup> PLACE**  
City **PLANTATION** **FL** Zip Code **33322**

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 **JAMES C. FLORIO**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required w/c re-statuting)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME **D FLORIO, JAMES C** ☐ Delete  
STREET ADDRESS **2 FOXFIRE RD.**  
CITY-ST-ZIP **HOLLYWOOD, FL 33021**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME ☒ Change ☐ Addition  
STREET ADDRESS **10700 NW 18<sup>TH</sup> PLACE**  
CITY-ST-ZIP **PLANTATION, FL 33322**

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
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TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
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: **JAMES C. FLORIO**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-28-07**

Date

Daytime Phone #