

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90011 032 \*\*\*150.00

**DOCUMENT # P05000095010**

1. Entity Name  
ALYVON OF THE PALM BEACHES, INC.



Principal Place of Business  
721 38TH STREET  
WEST PALM BEACH, FL 33407 US

Mailing Address  
3826 PASEO NAVARRA  
WEST PALM BEACH, FL 33405 US



01242007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-3117422  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RICKETTS, ALLESTA C  
3826 PASEO NAVARRA  
WEST PALM BEACH, FL 33405

**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 reappointing) 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	P
NAME	RICKETTS, ALLESTA C
STREET ADDRESS	3826 PASEO NAVARRA
CITY-ST-ZIP	WEST PALM BEACH, FL 33405
TITLE	ST
NAME	RICKETTS, YVONNE E
STREET ADDRESS	3826 PASEO NAVARRA
CITY-ST-ZIP	WEST PALM BEACH, FL 33405
TITLE	VP
NAME	RICKETTS, ANDRE
STREET ADDRESS	3826 PASEO NAVARRA
CITY-ST-ZIP	WEST PALM BEACH, FL 33405
TITLE	VP
NAME	RICKETTS, KANIKA
STREET ADDRESS	3826 PASEO NAVARRA
CITY-ST-ZIP	WEST PALM BEACH, FL 33405
TITLE	VP
NAME	RICKETTS, DANIEL
STREET ADDRESS	3826 PASEO NAVARRA
CITY-ST-ZIP	WEST PALM BEACH, FL 33405
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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:**

*Yvonne Ricketts*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/07  
Date

561-659-3047  
Daytime Phone