

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 11, 2007 8:00 am
Secretary of State

06-11-2007 90006 005 ***150.00

DOCUMENT # P05000121920

1. Entity Name
ALYJORD INC.



Principal Place of Business

~~15287-73 N~~ **17225 80 ST N**
LOXAHATCHEE, FL 33470

Mailing Address

~~15287-73 N~~ **17225 80 ST N**
LOXAHATCHEE, FL 33470

4012004--



04162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3489473	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

BERKOWITZ, SCOTT
~~15287-73 N~~ **17225 80 ST N**
LOXAHATCHEE, FL 33470

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 STREET ADDRESS CITY - ST - ZIP	DPS BERKOWITZ, SCOTT 15287-73 N 17225 80 ST N LOXAHATCHEE, FL 33470
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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.

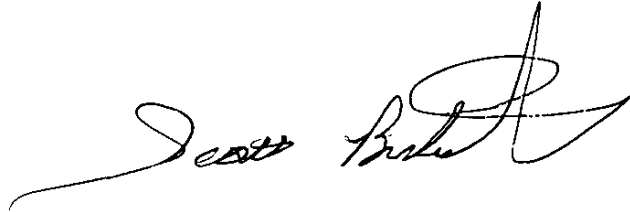
SIGNATURE: Scott Berkowitz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/21/07 561-568-8500
Date Daytime Phone *

ATTACHMENT

40120346
POS 000121920

My name is Scott Berkowitz I moved from 15287 73 street n. to 17225 80 st n
Loxahatchee fl and did not receive my annual report notice. My accountant just advised
me of this. I would appreciate if you could wave the late fee. My phone number is 561-
568-8500 if you need to contact me.

A handwritten signature in black ink, appearing to read "Scott Berkowitz". The signature is stylized with a large, sweeping initial "S" and a distinct "B".