

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90080 025 ***150.00

DOCUMENT # P06000081355		
1. Entity Name ALFONSO'S CARPENTRY INC		

Principal Place of Business 365 WEST 10 STREET #4 HIALEAH, FL 33010	Mailing Address 365 WEST 10 STREET #4 HIALEAH, FL 33010
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40054352



2. Principal Place of Business - No P.O. Box # 1250 W S3 ST Suite, Apt. #, etc. Apto 16	3. Mailing Address 1250 W 53 ST Suite, Apt. #, etc. Apto 16
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04062007 Chg-P CR2E034 (12/06)

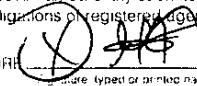
City & State Hialeah FL	City & State Hialeah FL	4. FEI Number 205074360	Applied For ☐ Not Applicable
Zip 33012	Country USA	Zip 33012	Country USA

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

6. Name and Address of Current Registered Agent ALFONSO, MICHEL E 365 WEST 10 STREET #4 HIALEAH, FL 33010	
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7. Name and Address of New Registered Agent Name Michel E Alfonso Street Address (P.O. Box Number is Not Acceptable) 1250 W S3 ST Apto 16 City Hialeah FL Zip Code 33012	
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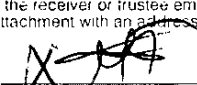
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: 4-5-07

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME PD ALFONSO, MICHEL E STREET ADDRESS 365 WEST 10 STREET, #4 CITY-STATE-ZIP HIALEAH, FL 33010	☐ Delete	TITLE NAME ALFONSO MICHEL E STREET ADDRESS 1250 W S3 ST APT 16 CITY-STATE-ZIP Hialeah FL 33012	☒ Change ☐ Addition
NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition

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:  DATE: 4/5/07 (786)-298-9819