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

40054352

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

04062007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
1250 W 53 ST		1250 W 53 ST	
Suite, Apt. #, etc: Apto 16		Suite, Apt. #, etc.: Apto 16	
City & State: Hialeah FL		City & State: Hialeah FL	
Zip: 33012	Country: USA	Zip: 33012	Country: USA

4. FEI Number: 205074360 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of New Registered Agent

Name: Michel E Alfonso
Street Address (P.O. Box Number is Not Acceptable): 1250 W 53 ST
Apto 16
City: Hialeah FL Zip Code: 33012

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] 4-5-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALFONSO, MICHEL E 365 WEST 10 STREET, #4 HIALEAH, FL 33010	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D. ALFONSO MICHEL E 1250 W 53ST APTO 16 Hialeah FL 33012	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-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: [signature] 4/6/07 (786)-298-9819
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #