

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 05, 2008 8:00 am
Secretary of State

08-25-2008 90005 011 ***550.00

DOCUMENT # P07000131289 1. Entity Name ALEXANDER HOLDINGS OF FLORIDA, INC.					
Principal Place of Business 620 N.W. DIXIE HIGHWAY STUART, FL 34994			Mailing Address 620 N.W. DIXIE HIGHWAY STUART, FL 34994		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 76-0835676	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent IRWIN, DAVID E 633 SOUTH FEDERAL HWY. FT. LAUDERDALE, FL 33301				7. Name and Address of New Registered Agent Name CINDY M. ROSS Street Address (P.O. Box Number is Not Acceptable) 620 N.W. DIXIE HWY. STE. 101 City STUART FL Zip Code 34994	
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 rechartering) DATE 8/31/08			
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		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	P CHUEH, JOHNNY 633 SOUTH FEDERAL HWY. FT. LAUDERDALE, FL 33301	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P CHUEH, JOHNNY 620 NW DIXIE HWY, #101 STUART, FL 34994	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P CHUEH, JOHNNY 620 NW DIXIE HWY, #101 STUART, FL 34994	☐ Change ☐ Addition			
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 8-20-08					

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