

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000032448

1. Entity Name
ALTON XV CORP.



Principal Place of Business
523 MICHIGAN AVE
MIAMI BEACH, FL 33139 US

Mailing Address
523 MICHIGAN AVE
MIAMI BEACH, FL 33139 US

FILED
Apr 25, 2006 08:00 AM
Secretary of State
APR 24 2006

2292



04242006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0486510

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JONATHAN FRYD
523 MICHIGAN AVE
MIAMI BEACH, FL 33139

**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 reinstating)

DATE

5/24/06

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	FRYD, JONATHAN
STREET ADDRESS	533 MICHIGAN AVE
CITY-ST-ZIP	MIAMI, FL

TITLE	SD
NAME	RESNICK, JAMES
STREET ADDRESS	1228 ALTON RD
CITY-ST-ZIP	MIAMI, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

00000032049
05/06/06 80069-015 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JONATHAN FRYD

Date

5/24/06

Daytime Phone #

(305) 673-2948