

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000037572

1. Entity Name
121 ALHAMBRA, INC.



Principal Place of Business

121 ALHAMBRA PLAZA
PH 1, SUITE 1600
CORAL GABLES, FL 33134

Mailing Address

121 ALHAMBRA PLAZA
PH 1, SUITE 1600
CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0834707

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RENTZ, R. LARRY
121 ALHAMBRA PLAZA, PH 1, SUITE 1600
CORAL GABLES, FL 33134

**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 _____

**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 PD
NAME MORRIS, W. ALLEN
STREET ADDRESS 121 ALHAMBRA PLAZA, PH 1, SUITE 1600
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE DV
NAME MORRIS, DIANE Y
STREET ADDRESS 121 ALHAMBRA PLAZA SUITE 1600
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE V
NAME RENTZ, R. LARRY
STREET ADDRESS 121 ALHAMBRA PLAZA SUITE 1600
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE V
NAME GRAHAM, DALE I
STREET ADDRESS 121 ALHAMBRA PLAZA SUITE 1600
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE T
NAME GIL, YAZMIN
STREET ADDRESS 121 ALHAMBRA PLAZA SUITE 1600
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000741626
05/15/07-80037-004 150.00

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #