

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-03-2006 90404 010 ***150.00
04-05-2006 90155 016 ***150.00

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1. Entity Name
ALEX WILLIAMS, INC.



Principal Place of Business
4310 SHERIDAN ST., SUITE 202
PEMBROKE PINES, FL 33026
HOLLYWOOD, FL
33021

Mailing Address
4310 SHERIDAN ST., SUITE 202
PEMBROKE PINES, FL 33026
HOLLYWOOD, FL
33021

50009211



03092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0916699

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WILLIAMS, ALEX
4310 SHERIDAN ST, SUITE 202
HOLLYWOOD, FL 33021

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
WILLIAMS, ALEX
10211 PINES BLVD, PMB 112 **4310 SHERIDAN ST.**
PEMBROKE PINES, FL 33026 **HOLLYWOOD, FL 33021**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTD
WILLIAMSON, SARAH **4310 SHERIDAN ST.**
10211 PINES BLVD, PMB 112 **HOLLYWOOD, FL 33021**

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

**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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] **March 27/06** **9542245628**
Date Daytime Phone #