

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S93633

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Entity Name:** ALRAMA ENTERPRISES, INC.

**Current Principal Place of Business:**

6412 DR. ML KING JR ST N  
SAINT PETERSBURG, FL 33702 US

**New Principal Place of Business:**

6412 DR. M.L. KING JR ST N  
SAINT PETERSBURG, FL 33702 US

**Current Mailing Address:**

PO BOX 20003  
SAINT PETERSBURG, FL 33742 US

**New Mailing Address:**

**FEI Number:** 59-3094854      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BILLER, CHARLES E  
6412 DR. M.L. KING JR, ST N.  
ST. PETERSBURG, FL 33702 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PS  
Name: MCHUGH, ALICIA C  
Address: 1801 S.W. 67TH TERRACE  
City-St-Zip: PLANTATION, FL 33314 US

Title: VPT  
Name: CROSBY, MARIA E  
Address: 14045 PARADISE LANE  
City-St-Zip: DADE CITY, FL 33525

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARIA E. CROSBY

VPT

04/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date