


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 16, 2007 08:00 AM
Secretary of State**

DOCUMENT # S95900 1. Entity Name ALZOLA CORP.		
Principal Place of Business 7352 NORTHWEST 35 STREET MIAMI, FL 33122	Mailing Address 7352 NORTHWEST 35 STREET MIAMI, FL 33122	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ALZOLA, PEDRO J., JR. 7352 NW 35 ST MIAMI, FL 33122		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U00000586394 01/16/07-80048-019 150.00 U00000586394 01/16/07-80048-019 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALZOLA, PEDRO J., JR. 7352 NORTHWEST 35 STREET MIAMI, FL 33122	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALZOLA, MARIA BEATRIZ 7352 NORTHWEST 35 STREET MIAMI, FL 33122	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALZOLA, VIVIAN Z. 7352 NORTHWEST 35 STREET MIAMI, FL 33122	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALZOLA, CRISTINA MARIA 7352 NORTHWEST 35 STREET MIAMI, FL 33122	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>W. B. Lyle, V.P.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		01-11-07 305-470-4615 <small>Date Daytime Phone #</small>

PAID CHECK # 1145

01-11-07