

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000004972

**FILED**  
**Jan 13, 2014**  
**Secretary of State**  
**CC8905098838**

**Entity Name:** TINA ALF INC

**Current Principal Place of Business:**

20501 NW 28 CT  
CAROL CITY, FL 33056

**Current Mailing Address:**

PO BOX 55-2645  
OPA LOCKA, FL 33055

**FEI Number:** 65-0892847

**Certificate of Status Desired:** No

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

CARSWELL, CLEMENTINA  
20501 NW 28 CT  
CAROL CITY, FL 33056 US

*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

**Officer/Director Detail :**

Title PD  
Name CARSWELL, CLEMENTINA  
Address 20501 NW 28 CT  
City-State-Zip: CAROL CITY FL 33056

Title TD  
Name ABEL, VIRGINIA  
Address 4320 S.W. 24 ST.  
City-State-Zip: HOLLYWOOD FL 33023

Title SD  
Name POWELL, IDA  
Address 2619 MAYO ST.  
City-State-Zip: HOLLYWOOD FL 33020

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CLEMENTINA CARSWELL

**PRESIDENT**

**01/13/2014**

Electronic Signature of Signing Officer/Director Detail

Date