

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L84487

**Entity Name:** ALFANO BROTHERS, INC.

**Current Principal Place of Business:**

10057 A SUNSET STRIP  
SUNRISE, FL 33322

**Current Mailing Address:**

10057 A SUNSET STRIP  
SUNRISE, FL 33322

**FEI Number:** 65-0208589

**Certificate of Status Desired:** No

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

ALFANO, JOHN S  
10057 A SUNSET STRIP  
SUNRISE, FL 33322 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            PRESIDENT, DIRECTOR  
Name            ALFANO, JOHN S  
Address        12117 NW 9TH DR.  
City-State-Zip: CORAL SPRINGS FL 33071

Title            V  
Name            ALFANO, DONNA  
Address        12117 NW 9TH DR.  
City-State-Zip: CORAL SPRINGS FL 33071

Title            SECRETARY  
Name            ALFANO, JACQUELINE M  
Address        10057 A SUNSET STRIP  
City-State-Zip: SUNRISE FL 33322

Title            TREASURER  
Name            ALFANO, JOHN A JR.  
Address        10057 A SUNSET STRIP  
City-State-Zip: SUNRISE FL 33322

Title            VP  
Name            ALFANO, NICHOLAS M  
Address        10057A SUNSET STRIP  
City-State-Zip: SUNRISE FL 33322

*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:** JOHN ALFANO

**PRESIDENT**

**02/08/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date