

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S42553

**Entity Name:** ALPHA FOLIAGE, INC.**Current Principal Place of Business:**27600 S.W. 217TH AVE.  
HOMESTEAD, FL 33031**Current Mailing Address:**18455 S.W. 264TH ST.  
HOMESTEAD, FL 33031 US**FEI Number:** 65-0268608**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FISCHLER, MICHAEL A ESQ.  
1000 SOUTH ANDREWS AVENUE  
FORT LAUDERDALE, FL 33316 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:** MICHAEL A. FISCHLER, ESQ.

03/13/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR, SEC/TREAS  
Name DEMOTT, CAROLYN  
Address 18455 S.W. 264TH ST.  
City-State-Zip: HOMESTEAD FL 33031

Title DIRECTOR, EVP  
Name DEMOTT, JEFFREY  
Address 18455 S.W. 264TH ST.  
City-State-Zip: HOMESTEAD FL 33031

Title DIRECTOR, P  
Name TORRES, JACQLENE  
Address 18455 SW 264 STREET  
City-State-Zip: HOMESTEAD FL 33031

Title DIRECTOR, VP  
Name JENKINS, JAMI  
Address 18455 SW 264 STREET  
City-State-Zip: HOMESTEAD FL 33031

Title VP  
Name ROBERTSON, JENIFER  
Address 18455 SW 264 STREET  
City-State-Zip: HOMESTEAD FL 33031

*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:** JEFFREY DEMOTT

EVP

03/13/2023

Electronic Signature of Signing Officer/Director Detail

Date