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Secretary of State

04-26-2006 90027 023 ***150.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000022463

1. Entity Name
ALPHA-3, LLC

Principal Place of Business	Mailing Address
717 PONCE DE LEON STE 337 MIAMI, FL 33134	717 PONCE DE LEON STE 337 MIAMI, FL 33134

04202006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
3860 S.W. 8th St		3860 S.W. 8th St	
Suite, Apt. #, etc. 200		Suite, Apt. #, etc. 200	
City & State CORAL GABLES		City & State CORAL GABLES	
Zip 33134	Country USA	Zip 33134	Country USA

4. FEI Number 01-0664671 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SARUSAU, BERNARDO 717 PONCE DE LEON SUITE 337 CORAL GABLES, FL 33134	Name BERNARDO SARUSAI Street Address (P.O. Box Number is Not Acceptable) 3860 S.W. 8th ST ste 200 City CORAL GABLES FL Zip Code 33134

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CORCUERA, ARANTZA 717 PONCE DE LEON STE 337 CORAL GABLES, FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3860 S.W 8th ST Ste 200 CORAL GABLES FL 33134	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Arantza Corcuera - President 4/20/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #