

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90032 001 ****61.25

DOCUMENT # N51021

1. Entity Name

ALFA -Y- OMEGA (LA HERMOSA) CORP.



Principal Place of Business

**1030 E 8TH AVE
HIALEAH FL 33010**

Mailing Address

**1030 E 8TH AVE
HIALEAH FL 33010**

J4U1144J



MOORE

CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0362200

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SANTINGO, MARGARITA
4929 E 8 CT
HIALEAH FL 33013**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **SANTIAGO, MARAGARITA**
STREET ADDRESS **4929 E 8TH COURT**
CITY-ST-ZIP **HIALEAH FL 33013**

TITLE **PD** ☒ Change ☐ Addition
NAME **SANTIAGO, MARGARITA**
STREET ADDRESS **4050 N.W 135th St, Bldg 2-#1**
CITY-ST-ZIP **Opalocka FL 33054**

TITLE **VD** ☐ Delete
NAME **GARCIA, LUZ DE**
STREET ADDRESS **935 W 70TH PL**
CITY-ST-ZIP **HIALEAH FL 33010**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **GARCIA, EDWARD**
STREET ADDRESS **935 W 70TH PL**
CITY-ST-ZIP **HIALEAH FL 33010**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **URENA, HELEN**
STREET ADDRESS **935 W 70TH PLACE**
CITY-ST-ZIP **HIALEAH FL 33010**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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:

Margarita Santiago

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-16-04

Date

Daytime Phone #