

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90044 016 ****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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

SANTINGO, MARGARITA
4929 E 8 CT
HIALEAH FL 33013

7. Name and Address of New Registered Agent

Name **SANTIAGO, MARGARITA**
Street Address (P.O. Box Number is Not Acceptable)

4100 NW 165 ST

City **OPA LOCKA**

FL

Zip Code **33054**

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 *Margarita Santiago*

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, 2005

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

TITLE **PD** ☐ Delete
NAME **SANTIAGO, MARGARITA**
STREET ADDRESS **4050 N.W. 135TH ST., BLDG. 2-#1**
CITY-ST-ZIP **OPA LOCKA FL 33054**

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4100 NW 165 ST**
CITY-ST-ZIP **OPA LOCKA FL 33054**

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

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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

Date

Daytime Phone #