## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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## DOCUMENT # P01000101642

1. Entity Name MARIA ALFARO INVESTMENTS INC.

Principal Place of Business

Mailing Address

11310 SW 45TH STREET MIAMI, FL 33165 11310 SW 45TH STREET MIAMI, FL 33165

## FILED Mar 15, 2004 08:00 AM Secretary of State



03062004

No Cha-P

CR2E034 (10/03)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

J. Cermicale Cr Siz

6. Name and Address of Current Registered Agent

ALFARO, MARIA 11310 SW 45TH STREET MIAMI, FL 33165

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE Signature, typed or printed name of registered agent and bite if applicable (NOTE Registered A				Agent agnature required when reinstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	000000087962 03/15/04-80032-017 150.00	
10. OFFICERS AND DIRECTORS						
NAME SIREET ADDRESS CITY - ST - ZIP	PSD ALFARO, MARIA 11310 SW 45TH STREET MIAMI, FL 33165					
NAME STREET ADDRESS CITY - ST - ZIP						
TITLE NAME SIREET ADDRESS CITY - ST - ZIP				DO NOT WRITE		
IRLE NAME STREET ADDRESS CHY-ST-ZIP			IN THIS SPACE			
INTE NAME STREET ADDRESS CHY-ST-ZIP						
TITLE						

12. I hereby certify that the information supplied with this filling 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 path; 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY - ST - 7IP

MANATURE AND TYPED OF PRINTED HAVE OF SIGNING OFFICER OF DIRECTOR

3/8/04

305-776-6525