2008 FOR PROFIT CORPORATION ANNUAL REPORT



FILED May 29, 2008 8:00 am Secretary of State

DOCUMENT # P06000128894 1. Entity Name ALEJANDRO'S INVESTMENTS, INC.			05-29-2008 90197 028 ***150.00			
Principal Place of Business 4080 SW 84TH AVE SUITE #C MIAMI, FL 33155	Mailing Address 4080 SW 84TH AVE SUITE #C MIAMI, FL 33155		dn rooms	EBUN 95101 NOIE NEBN 18101 1811 1811	III 8/8/6 8) III 18 8 1	
2. Principal Place of Business - No P.O. Box #	cipal Place of Business - No P.O. Box # 3. Mailing Address					
Suite, Apt. #, etc. Suite, Apt. #, etc.			05012008 Chg-P	05012008 Chg-P CR2E034 (12/06)		
City & State .	City & State			15807.	Applied For Not Applicable	
Zip Country	Zip* ;	Country	5. Certificate of Status De	sired S8.75	Additional uired	
6. Name and Address of Curr	ent Registered Agent	Name	7. Name and Address of	New Registered Agent		
GIRALDO, CLARA			Street Address (P.O. Box Number is Not Acceptable)			
4080 SW 84TH AVE SUITE #C			Sissification (1.5) Estimates (1.5)			
MIAMI, FL 33155		City		FL Zip (Code	
The above named entity submits this statement the obligations of registered agent.	nt for the purpose of changing its re	egistered office or regist	tered agent, or both, in the Sta	te of Florida. I am familiar v	vith, and accept	
SIGNATURE Signature, typed or printed name of registered in	egent and title if applicable. (NOTE: I	Registered Agent signature requi	red when reinstating)	DATE		
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$5	50.00 Trust Fund Contrib	oution, D Å	5.00 May Be ided to Fees			
10. OFFICERS A	AND DIRECTORS Delete	11.	ADDITIONS/CHANGES	TO OFFICERS AND DIRECT		
NAME GIRALDO, CLARA STREET ADDRESS 4080 SW 84TH AVE CITY-ST-ZIP MIAMI, FL 33155		NAME STREET ADDRESS CITY-ST-ZIP		_	· _ '	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Char	nge 🗌 Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Char	nge 🗌 Addition	
I hereby certify that the information supplied indicated on this report or supplemental report the corporation or the receiver or this see changed, or on an attachmen with an address.	with this tiling does not qualify for ort is true and accinate and that my ampowered to execute this reportlates, with all other like empowered	the exemptions contain signature shall have th s required by Chapter 6	ed in Chapter 119, Florida Sta e same legal effect as if made 07, Florida Statutes; and that r	atutes, I further certify that t under oath; that I am an of my name appears in Block	he information licer or director 10 or Block 11 if	
SIGNATURE: SIGNATURE AND TYPE	O OR PRINTED NAME OF SIGNING OFFICER OF	R DIRECTOR	Date	Daytime Phor	ng #	