2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000065290

Entity Name: ALCAP CORP.

FILED Sep 21, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3207 NE 163RD STREET 1710 JEFFERSON AVE. N.MIAMI BEACH, FL 33160 MIAMI BEACH, FL 33139

Current Mailing Address: New Mailing Address:

753 S. HIGHLANDS DR 920 CORAL RIDGE DR. HOLLYWOOD, FL 33021 CORAL SPRINGS, FL 33071

FEI Number: 04-3764963 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CAPASSO, GABRIEL CAPASSO, MAXIMILIANO
753 S. HIGHLANDS DR 920 CORAL RIDGE DR.
HOLLYWOOD, FL 33021 US CORAL SPRIGS, FL 33071 US

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.

SIGNATURE: MAXIMILIANO CAPASSO 09/21/2006

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: **PVST** () Delete Title: (X) Change () Addition CAPASSO, GABRIEL CAPASSO, MAXIMILIANO Name: Name: 753 S. HIGHLANDS DR Address: 920 CORAL RIDGE DR. Address: City-St-Zip: HOLLYWOOD, FL 33021 City-St-Zip: CORAL SPRINGS, FL 33071

Title: D (X) Delete Title: () Change () Addition
Name: CAPASSO GABRIEL Name:

 Name:
 CAPASSO, GABRIEL
 Name:

 Address:
 753 S. HIGHLANDS DR
 Address:

 City-St-Zip:
 HOLLYWOOD, FL 33021
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAXIMILIANO CAPASSO P 09/21/2006