

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000061677

**Entity Name:** ALFASPIRE INC.

**Current Principal Place of Business:**

3936 CASCADE TERRACE  
WESTON, FL 33332

**Current Mailing Address:**

3936 CASCADE TERRACE  
WESTON, FL 33332 US

**FEI Number:** 47-1430064

**Certificate of Status Desired:** No

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

JARAMILLO, BRESLY  
3936 CASCADE TERRACE  
WESTON, FL 33332 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DPT  
Name JARAMILLO, BRESLY  
Address 3936 CASCADE TERRACE  
City-State-Zip: WESTON FL 33332

Title DS  
Name JARAMILLO, CARLA  
Address 3936 CASCADE TERRACE  
City-State-Zip: WESTON FL 33332

*I hereby 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 all other like empowered.*

**SIGNATURE:** BRESLY JARAMILLO

**PRESIDENT**

**02/02/2016**

Electronic Signature of Signing Officer/Director Detail

Date