2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

FILED Feb 07, 2006 08:00 AM Secretary of State **DOCUMENT # 445015** 1. Entity Name ALFER ASSOCIATES, INC. Principal Place of Business Mailing Address 1015 SE 3RD AVE 1015 SE 3RD AVE OCALA FL 34471-3727 OCALA FL 34471-3727 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 59-1510536 Not Applicat Zip Country Zip Country \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FERRER, MIGUEL 4803 SE 12TH PLACE Street Address (P.O. Box Number is Not Acceptable) OCALA FL 34471 City Zip Code 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 Signature, typud or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May D After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PSD Defete TATE F Addin. ☐ Change U00000424565 NAME FERRER, MIGUEL NAME 02/18/06-80056-009 150.00 STREET ADDRESS 2326 SE 11TH SE. STREET ADDRESS CITY-ST-ZIP **OCALA FL 34471** CITY - ST- ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY -ST-ZIP TITLE Celete TITLE Her." ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete MILE □ Avenue ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THE Change \square A \square NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY - ST - ZIP Oefete TITLE Change □ Art NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I turther 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 direction of the corporation or the receiver of trustee employeed to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 1

with all other like empowered.

Daytime Phone #

SIGNATURE AND TY ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: