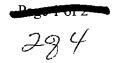
2004 FOR PROFIT CORPORATION ANNUAL REPORT

		ANNU	AL K	EPORT		,	_	Cros-	FILEN		
DOCUI 1. Entity Name ALFIN, IN	е	# F38156						SECRETA DIVISION OF O4 JAN 1	TORPO	STATE RATION B: 00	is
Principal Place	e of Busines	s	M	ailing Address			<u>, </u>			•	
924 SW 65 AVE MIAMI, FL 33144			_	924 SW 65 AVE MIAMI, FL 33144			1 1 1 1 1 1 1 1 1 1		Is biant eibit brant		
2. Principal Pl	ace of Busir	ness	3.	3. Mailing Address							
Suite, Apt.				Suite, Apt. #, etc.			01222004	Chg-P	CR2E03	4 (10/03)	MRI
City & State	9			City & State			4. FEI Numbe				oplied For ot Applicable
Zìp		Country		Zìp	Cour	itry	5. Certificate	of Status Desired		8.75 Add ee Require	
	6. Name	and Address of Cu	rrent Regis	tered Agent		Name	7. Name and	Address of New F	Registered A	gent	
PIELAGO, 924 SW 65 MIAMI, FL	AVE					Street Address ((P.O. Box Number	r is Not Acceptabl	*/ 771! 30023	5-4-5 **15	-
the obligation	ons of regist			ourpose of changing its		ed office or register d Agant signature requirer		h, in the State of Fl		 miliar with,	and accept
		FEE IS \$150.00 4 Fee will be \$5		9. Election Campa Trust Fund Con			.00 May Be led to Fees				
10.		OFFICERS	AND DIRE	· · · · · · · · · · · · · · · · · · ·	11.	1	ADDITIONS/	CHANGES TO OFF			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PIELAGO 924 SW 6 MIAMI, FI	5TH AVE		☐ Delete		1				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		[☐ Change	☐ Addition
indicated of the corp	on this repo poration or the or on an atta	rt or supplemental re ne receiver or trustee achment with an add	port is true : empowere ress, with al	iling does not qualify fo and accurate and that it d to execute this report Il other like empowered DI NAME OF SIGNING OFFICER	my signa as requi	ture shall have the red by Chapter 60	same legal effec	f as if made under	oath; that I ar le appears in	n an officer.	or director

FEI Number





Division of Corporations

Annual Report

Page 1

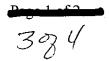
Document Number F38156
Business Entity Name ALFIN, INC.

592112032

FEI Number Status	C Applied For C Not Applicable © Current
- Certificate of Status	Desired C Yes- No \$8.75 each
	D''INI CD'
	Principal Place of Business
Address	924 SW 65 AVE
Suite, Apt. #, etc.	
City, State	MIAMI , FL
Zip Code & Count	ry 33144
	Mailing Address
Address	924 SW 65 AVE
Suite, Apt. #, etc.	
City, State	MIAMI , FL
Zip Code & Count	ry 33144
NT.	
	And Address of Registered Agent
Name (Last, First, Middle, Title)	PIELAGO GILDA ,
-or- RA Business Name	
Address	924 SW 65 AVE
Suite, Apt. #, etc.	
City, State	MIAMI , FL
Zip Code & Country	33144 US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature	





Division of Corporations

Annual Report

Page 2

Document Number F38156
Business Entity Name ALFIN, INC.

Election Campaign Financing Trust Fund Contribution C Yes • No

Officer/Director Name And Address

Title	DP					
Name (Last, First, Middle, Title)	PIELAGO	GIL	DA			j
-or- Entity Name						
Street Address	924 SW 65T	TH AVE				
City, State	МІАМІ		, FL			
Zip Code & Country						
Title						
Name (Last, First, Middle, Title)						
-or- Entity Name						
Street Address						
City, State						
Zip Code & Country	J					
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Name (Last, First, Middle, Title)		,			_ ,	
-or- Entity Name		~~~				
Street Address						
City, State						
Zip Code & Country						
Title						
Name (Last, First, Middle, Title)		2 A (b)				
-or- Entity Name						
Street Address						

Division	of Corporations			<u> </u>
,, ,				. 7
	City, State			
	Zip Code & Country			
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	Zip Code & Country			
	Title			
-	Name (Last, First, Middle, Title)			,
-	-or- Entity Name			
	Street Address			
	City, State		,	
	Zip Code & Country			
	C List more than six Offi	cers/Directors © No addit	tional Officers/l	Directors to list
	'Officer/Director Si allowed in this bloc Title	ed above must type their nan gnature' block below. A corp. k. Res gnature 61408 PIELRED	porate name is n	ot .
	Officer/Director of	Continue Reset	·	wayo .
	<u> </u>	Start Over		

Sunbiz Home Page

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