


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

184

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JAN 15 AM 8:00

<b>DOCUMENT # F38156</b> 1. Entity Name <b>ALFIN, INC.</b>					
Principal Place of Business <b>924 SW 65 AVE MIAMI, FL 33144</b>			Mailing Address <b>924 SW 65 AVE MIAMI, FL 33144</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>PIELAGO, GILDA 924 SW 65 AVE MIAMI, FL 33144</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <div style="text-align: center; font-weight: bold;">50002771545</div> <div style="text-align: center;">01/29/04--01030--023 **150.00</div> City <div style="text-align: right; font-weight: bold;">FL</div> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>PIELAGO, GILDA 924 SW 65TH AVE MIAMI, FL</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				<small>Date</small> _____	
				<small>Daytime Phone #</small> _____	



01222004 Chg-P CR2E034 (10/03)

*MRS*

4. FEI Number  
**59-2112032**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

Zip Code

FL

01/29/04--01030--023 \*\*150.00

50002771545

924 SW 65 AVE

MIAMI, FL 33144

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MIAMI, FL 33144

PIELAGO, GILDA

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# Division of Corporations

## Annual Report

Page 1

Document Number

**F38156**

Business Entity Name

**ALFIN, INC.**

FEI Number

**592112032**

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ Current

Certificate of Status Desired ☐ Yes ☒ No \$8.75 each

### Principal Place of Business

Address

**924 SW 65 AVE**

Suite, Apt. #, etc.

City, State

**MIAMI**

**FL**

Zip Code & Country

**33144**

### Mailing Address

Address

**924 SW 65 AVE**

Suite, Apt. #, etc.

City, State

**MIAMI**

**FL**

Zip Code & Country

**33144**

### Name 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 ☐ Yes ☒ No

#### Officer/Director Name And Address

Title	<input type="text" value="DP"/>			
Name (Last, First, Middle, Title)	<input type="text" value="PIELAGO"/>	<input type="text" value="GILDA"/>	<input type="text"/>	<input type="text"/>
-or- Entity Name	<input type="text"/>			
Street Address	<input type="text" value="924 SW 65TH AVE"/>			
City, State	<input type="text" value="MIAMI"/>	<input type="text" value="FL"/>		
Zip Code & Country	<input type="text"/>	<input type="text"/>		
Title	<input type="text"/>			
Name (Last, First, Middle, Title)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
-or- Entity Name	<input type="text"/>			
Street Address	<input type="text"/>			
City, State	<input type="text"/>	<input type="text"/>		
Zip Code & Country	<input type="text"/>	<input type="text"/>		
Title	<input type="text"/>			
Name (Last, First, Middle, Title)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
-or- Entity Name	<input type="text"/>			
Street Address	<input type="text"/>			
City, State	<input type="text"/>	<input type="text"/>		
Zip Code & Country	<input type="text"/>	<input type="text"/>		
Title	<input type="text"/>			
Name (Last, First, Middle, Title)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
-or- Entity Name	<input type="text"/>			
Street Address	<input type="text"/>			

Division of Corporations

~~Page 2 of 2~~  
4034

City, State,

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

☐ List more than six Officers/Directors ☒ No additional Officers/Directors to list

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

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**Public Access Help**