
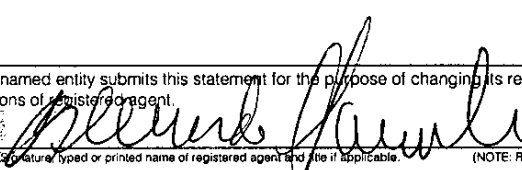
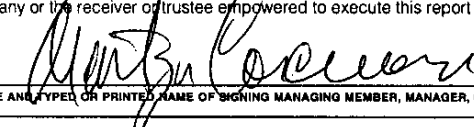


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90106 038 ***150.00

DOCUMENT # L01000022463					
1. Entity Name ALPHA-3, LLC					
Principal Place of Business 717 PONCE DE LEON STE 337 MIAMI, FL 33134			Mailing Address 2590 SOUTH DIXIE HIGHWAY MIAMI, FL 33133		
2. Principal Place of Business		3. Mailing Address 717 PONCE DE LEON STE 337			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State MIAMI - FL			
Zip	Country	Zip	Country	4. FEI Number 01-0664671	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DE LA TORRIENTE, COSME 35 SW 25TH ROAD MIAMI, FL 33129			7. Name and Address of New Registered Agent Name: BERNARDO SARASA Street Address (P.O. Box Number is Not Acceptable): 717 PONCE DE LEON STE 337 City: CORAL GABLES FL Zip Code: 33134		
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: 4/10/05 <small>(Signature typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP CORCUBNA, AKATLA 717 PONCE DE LEON STE 337 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P FRANCIS CORCUERA 717 PONCE DE LEON STE 337 CORAL GABLES FL 33134
		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CORCUERA, BRAN 7550 SW 55TH AVE MIAMI, FL 33143	<input checked="" 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	
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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			
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 			Date: 4/10/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		

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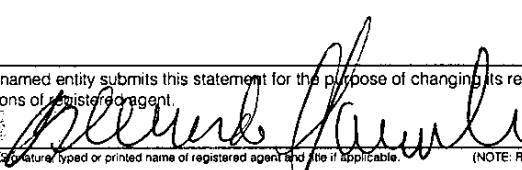
04162005 Chg-LLC CR2E083 (10/03)

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent

Name: BERNARDO SARASA
Street Address (P.O. Box Number is Not Acceptable): 717 PONCE DE LEON STE 337
City: CORAL GABLES FL Zip Code: 33134

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SIGNATURE:  DATE: 4/10/05
(Signature typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating))

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DP
CORCUBNA, AKATLA
717 PONCE DE LEON STE 337
CORAL GABLES, FL 33134

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
CORCUERA, BRAN
7550 SW 55TH AVE
MIAMI, FL 33143

☒ Delete

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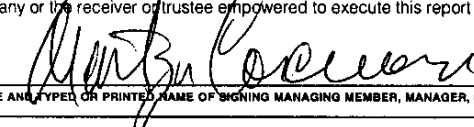
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SIGNATURE: 

Date: 4/10/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE