2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 10, 2004 8:00 am
Secretary of State
02-10-2004 90107 033 ****50.00

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1. Entity Name
ALFA TECHNOLOGY SYSTEMS, L.L.C.

Principal Place of Business	Mailing Address
1514 TROPIC PARK DRIVE SANFORD, FL 32773 US	1514 TROPIC PARK DRIVE SANFORD, FL 32773 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. 1270 TROPIC PARK DR		Suite, Apt. #, etc. 1270 TROPIC PARK DR	
City & State SANFORD FL		City & State SANFORD FL	
Zip 32773	Country	Zip 32773	Country

01122004 Chg-LLC CR2E083 (10/03)

4. FEI Number
38-3663583
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SULEIMAN, RAZA A 1115 POINTE COVE TERRACE #203 LAKE MARY, FL 32746	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SULEIMAN, RAZA A 1115 POINTE COVE TERRACE, #203 LAKE MARY, FL 32746	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ALI SULEIMAN, MARZIA R 1115 POINTE COVE TERRACE, #203 LAKE MARY, FL 32746	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MURTAZA Y. JUMA 1270 TROPIC PARK DR SANFORD FL 32773	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: _____ RAZA A. SULEIMAN 2/5/04 407-268-3981
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #