

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000043832

FILED
Jan 03, 2007
Secretary of State

Entity Name: ALFA INVESTMENTS, L.L.C.

Current Principal Place of Business:

1001 36TH STREET,
SUITE M-33
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

23276 SOUTH POINTE DRIVE
SUITE 112
LAGUNA HILLSA, CA 92653

New Mailing Address:

FEI Number: 47-0934475

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEMUS, SILVIA
1001 36TH STREET #M-33
WEST PALM BEACH, FL 33407 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MOBRICI, ALBERTO MR.
Address: 23276 S. POINTE DRIVE., #112
City-St-Zip: LAGUNA HILLS, CA 92653 US

Title: MGRM () Delete
Name: RUSSO, ANA
Address: 23276 S. POINTE DRIVE., #112
City-St-Zip: LAGUNA HILLS, CA 92653 US

Title: MGRM () Delete
Name: RUSSO, FABIO
Address: 23276 S. POINT DRIVE, #112
City-St-Zip: LAGUNA HILLS, CA 92653 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MAGGIE LOPEZ-LAVALLE

MS.

01/03/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date