2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000098503

Entity Name: ALFONSI & RAMOS LLC

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4856 N STATE RD 7 APT 101 2150 NE. 171 ST

COCONUT CREEK, FL 33073 NORTH MIAMI BEACH, FL 33162

Current Mailing Address: New Mailing Address:

4856 N STATE RD 7 APT 101 2150 NE, 171 ST

COCONUT CREEK, FL 33073 NORTH MIAMI BEACH, FL 33162

FEI Number: 80-0301124 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RAMOS, GUSTAVO
4856 N STATE ROAD 7 APT 101

RAMOS, GUSTAVO
2150 NE, 171 ST

COCONUT CREEK, FL 33073 US NORTH MIAMI BEACH, FL 33073 US

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: 04/30/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: MGR (X) Change () Addition

 Name:
 RAMOS, GUSTAVO
 Name:
 RAMOS, GUSTAVO

 Address:
 4856 N STATE ROAD 7 APT 101
 Address:
 2150 NE, 171 ST

City-St-Zip: CORAL SPRINGS, FL 33073 City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: MGRM () Delete Title: () Change () Addition

Name:A;FONSI, STEFANOName:Address:URB CABRIALES AV 114 GALPON 91 65Address:City-St-Zip:VALENCIA VENEZUELA,City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: GUSTAVO RAMOS MGR 04/30/2009