

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000072955

Entity Name: ALFA 1607, LLC

**FILED**  
**Jan 27, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

495 BRICKELL AVE  
# 1607  
MIAMI, FL 33131 US

**Current Mailing Address:**

495 BRICKELL AVE  
# 1607  
MIAMI, FL 33131 US

**New Principal Place of Business:**

465 BRICKELL AVE  
# 1607  
MIAMI, FL 33131 US

**New Mailing Address:**

1110 BRICKELL AVE  
STE: 430  
MIAMI, FL 33131 US

FEI Number: 27-0641717

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DE MARTINEZ, NORKA BABINO  
1110 BRICKELL AVE  
STE: 430  
MIAMI, FL 33131 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: MGRM  
Name: MENDES, ALVARO FILIPE  
Address: 465 BRICKELL AVE - # 1607  
City-St-Zip: MIAMI, FL 33131 US

I hereby 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: ALVARO FILIPE MENDES

MGRM

01/27/2010

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