


**FILED**  
**May 07, 2004 8:00 am**  
**Secretary of State**

05-07-2004 90001 030 \*\*\*\*50.00

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT # L99000001963			
1. Entity Name ALFERCA MIAMI, L.L.C.			
Principal Place of Business 901 SOUTH ROYAL POINCIANA BLVD. MIAMI, FL 33166		Mailing Address 901 SOUTH ROYAL POINCIANA BLVD. MIAMI, FL 33166	
2. Principal Place of Business 700 S. ROYAL POINCIANA BLVD		3. Mailing Address 700 S. ROYAL POINCIANA BLVD	
Suite, Apt. #, etc. SUITE 502		Suite, Apt. #, etc. SUITE 502	
City & State MIAMI SPRINGS, FL		City & State MIAMI SPRINGS, FL	
Zip 33166		Country	
Country		Zip 33166	
4. FEI Number 65-0935329		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ALHAMBRA REGISTERED AGENTS, INC. C/O KARP & GENAUER, P.A. 2 ALHAMBRA PLAZA SUITE 1202 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____ <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
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	MGR FERNANDEZ, FEDERICO <input type="checkbox"/> Delete URB LA VINA CALLE PAEZ 107-50 QTA TALISMAN REPUBLIC OF VENEZUELA.	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR ORTEGA, GERMAN <input type="checkbox"/> Delete URB ALTOS DE GUATAPARO AV LAS TRINCHERAS REPUBLIC OF VENEZUELA.	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	<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	<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	<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	<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(9)(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: <u>FEDERICO FERNANDEZ</u>		Date: <u>(305) 883 99 99</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>	