

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90200 047 \*\*\*158.75

**40024403**



02132005 Chg-P CR2E034 (10/03)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                             |                                                                                            |                                                                                  |                                                                                                                                                                                                                    |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # M14635</b><br>1. Entity Name<br><b>ALFONVAR, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                             |                                                                                            |                                                                                  |                                                                                                                                                                                                                    |  |
| Principal Place of Business<br><b>5721 W. HALLANDALE BEACH BLVD.<br/>HOLLYWOOD, FL 33023</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                             |                                                                                            | Mailing Address<br><b>5721 W. HALLANDALE BEACH BLVD.<br/>HOLLYWOOD, FL 33023</b> |                                                                                                                                                                                                                    |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                             | 3. Mailing Address<br><b>290-174TH STREET</b><br><b>SUITE 2103</b>                         |                                                                                  | 4. FEI Number<br><b>59-2662134</b><br><br>Applied For<br><input type="checkbox"/> Not Applicable<br><br>5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                             | City & State<br><b>SUNNY ISLES BCH, FL</b>                                                 |                                                                                  |                                                                                                                                                                                                                    |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                                                                                                                                     | Zip<br><b>33160</b>                                                                        | Country<br><b>USA</b>                                                            |                                                                                                                                                                                                                    |  |
| 6. Name and Address of Current Registered Agent<br><br><b>COREA, SUELE</b><br><b>290-174TH STREET, STE 2404</b><br><b>SUNNY ISLE BEACH, FL 33160</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                             |                                                                                            |                                                                                  |                                                                                                                                                                                                                    |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                             |                                                                                            |                                                                                  |                                                                                                                                                                                                                    |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                             | 9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                  |                                                                                                                                                                                                                    |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                             |                                                                                            | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                            |                                                                                                                                                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | O<br><b>VELASQUEZ, ALFONSO</b><br><b>290-174TH STREET, SUITE 2103</b><br><b>NORTH MIAMI BEACH, FL 33160</b> <input type="checkbox"/> Delete |                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | VP<br><b>VELASQUES, CARLOS</b><br><b>290-174TH ST., SUITE 2103</b><br><b>NORTH MIAMI BEACH, FL 33160</b> <input type="checkbox"/> Delete    |                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | VP<br><b>VALESQUEZ, MARIA T</b><br><b>290-174TH ST., SUITE 2103</b><br><b>NORTH MIAMI BEACH, FL 33160</b> <input type="checkbox"/> Delete   |                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | S<br><b>COREA, SUELE</b><br><b>290-174TH STREET, STE 2404</b><br><b>SUNNY ISLES BEACH, FL 33160</b> <input type="checkbox"/> Delete         |                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                                             |                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                                             |                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                  |  |
| 12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                                                                                                                             |                                                                                            |                                                                                  |                                                                                                                                                                                                                    |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                             |                                                                                            | _____<br>Date <b>2/20/05</b> Daytime Phone # <b>(305) 527-7024</b>               |                                                                                                                                                                                                                    |  |