2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUI 1. Entity Nam ALFONVA					0	2-28-2005 90	200 047	***158.	75
Principal Place of Business Mailing Address					41	0024403			
5721 W. HALLANDALE BEACH BLVD. HOLLYWOOD, FL 33023		5721 W. HALLANDALE BEACH BLV HOLLYWOOD, FL 33023		BLVD.		Bit 8(8)	Stall come man	ı GIEN GIEN EYSI	18 4) (1.488)
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		290-174TH STREES Suite, Apt. #, etc.		65		BIT BIBLE BILLE IITAL EIII	aren aten ara	I RIBN SIBN AIR	SEEL AT FREE
Suite, Apr. #, stc.		SUITE 2103			02132005	Chg-P	CR2E0	34 (10/03)	
City & State		City & State SNOW ISCEL BC		H FC	4. FEI Number 59-2662	134			plied For t Applicable
Zip	Country	Zip 33160	Count		5. Certificate of			\$8.75 Add	itional
	6. Name and Address of Current R				7. Name and A	ddress of New Re		Fee Required	<u> </u>
				<u> </u>	· -				
COREA, SUELE 290-174TH STREET, STE 2404 SUNNY ISLE BEACH, FL 33160				Street Address (P.O. Box Number is Not Acceptable)					
				City	<u>-</u>			Zip Code	
The above named entity submits this statement for the purpose of changing its registered or					ered agent, or both	in the State of Flo	FL		
	ions of registered agent.	and parpoon or origing no re	9,5,5,					- · · · · · · · · · · · · · · · · · · ·	
SIGNATURE Signature, typed or printed name of registered agent and bits if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00		bution.		5.00 May Be ded to Fees				
IIILE	OFFICERS AND D	Delete	11.		ADDITIONS/C	HANGES TO OFFI	CERS AND	☐ Change	Addition
NAME STREET ADORESS CITY-ST-ZIP	VELASQUEZ, ALFONSO 290-174TH STREET, SUITE 2103 NORTH MIAMI BEACH, FL 33160		NAMI Stre	I				onengo	
TITLE NAME	VP VELASQUES, CARLOS	☐ Delete	TITLE	E				Change	Addition
STREET ADDRESS CITY-ST-ZIP	290-174TH ST., SUITE 2103 NORTH MIAMI BEACH, FL 33160)		ET ADORESS -ST-ZIP					
TITLE	VP	☐ Detete	TITLE	l l	······································	· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition
NAME STREET ADDRESS	VALESQUEZ, MARIA T 290-174TH ST., SUITE 2103		NAM STRE	ET ADORESS				-	-
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160			-ST-ZiP					
TITLE NAME	S COREA, SUELI	☐ Delete	NAM	l l				☐ Change	■ Addition
STREET ADDRESS	290-174TH STREET, STE 2404			ET ADDRESS					
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160	. Delete	TITLE	- ST-ZIP				☐ Change	Addition
NAME		. 🗀 оны	NAM	E					
STREET ADDRESS CITY-ST-ZIP			•	ET ADORESS - ST-ZIP					
TITLE		☐ Delete	TITLE	I				Change	Addition
NAME STREET ADDRESS			NAM! STRE	E Et address					
CITY-SI-ZIP			CITY	-ST-ZIP					
12. I hereby of indicated	certify that the information supplied with to on this report or supplemental report is t	his filing does not qualify for t true and accurate and that my	the exer y signat	mption stated in S ture shall have the	section 119.07(3)(i), s same legal effect :	Florida Statutes. I as if made under o	further ceri path; that I a	ity that the in m an officer	ntormation or director

indicated on this report of supplemental report is frue and accurate and nat my signature shall have the same legal effect as it made under dain; that I am an officer or director of the corporation or the receiver or flustee 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.

SIGNATURE: _

SIGNATURE OF TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2120105

(305)527-7024 Daylame Phone #