


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2007 8:00 am**  
**Secretary of State**

01-31-2007 90038 006 \*\*\*158.75

|   |   |
|---|---|
| <b>DOCUMENT # M14635</b>                |  |
| 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>290-174TH STREET<br/>STE 2103<br/>SUNNY ISLES BCH, FL 33160</b> |
|--|---|

|  |                     |
|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address  |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc. |
| City & State                                   | City & State        |
| Zip  | Country             |

01282007 Chg-P CR2E034 (12/06)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>59-2662134</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|  |                                       |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|--|---------------------------------------|

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent                                   |  |
| <b>COREA, SUELE<br/>290-174TH STREET, STE 2404<br/>SUNNY ISLE BEACH, FL 33160</b> |  |

|  |                          |
|--|--------------------------|
| 7. Name and Address of New Registered Agent  |                          |
| Name <b>CORREA SUELI</b>   |                          |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>17375 COLLINS AVENUE # 1702</b> |                          |
| City <b>SUNNY ISLES BCH</b>  | Zip Code <b>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 <b>CORREA</b>   | DATE <b>1/28/07</b> |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  |                     |

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| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <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 | <b>VP<br/>VELASQUES, CARLOS<br/>290-174TH ST., SUITE 2103<br/>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 | <b>P<br/>DE VELASQUEZ, MARIA T<br/>290-174TH ST., SUITE 2103<br/>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 | <b>S<br/>COREA, SUELI<br/>290-174TH STREET, STE 2404<br/>SUNNY ISLES BEACH, FL 33160</b> <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>S<br/>SUELE CORREA<br/>17375 COLLINS AVENUE APT. 1702<br/>SUNNY ISLES BCH, FL 33160</b> <input checked="" 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   |
| 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 exemptions contained in Chapter 119, 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.

|  |                                       |
|--|---------------------------------------|
| SIGNATURE: <b>CORREA</b>   | SECRETARY <b>1/28/07 305-627-7024</b> |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date Daytime Phone #                  |