


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90074 022 ****61.25

DOCUMENT # N01000000036 1. Entity Name ALAFAVE, INC.					
Principal Place of Business 5805 BLUE LAGOON DRIVE 390 MIAMI, FL 33126			Mailing Address 5805 BLUE LAGOON DRIVE 390 MIAMI, FL 33126		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1071286	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CUEVAS, ANDREW ESQ. CUEVAS & RUBIN, P.A. 536 BILTMORE WAY CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/D CELEDON, CRISTIAN 5805 BLUE LAGOON DRIVE, SUITE 390 MIAMI, FL 33126	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D TAULE, RICARDO 5805 BLUE LAGOON DRIVE, SUITE 390 MIAMI, FL 33126	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VIDIS Benth, Luis <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5805 Blue Lagoon Drive, Suite 390 MIAMI, FL 33126	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T/D RIVERO, ISMAEL 5805 BLUE LAGOON DRIVE, SUITE 390 MIAMI, FL 33126	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	EXECUTIVE SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SANCHEZ, MARIA C. 5805 Blue Lagoon Dr. Suite 390 MIAMI, FL 33126	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MUENCH, WILLIAM 5805 BLUE LAGOON DRIVE, SUITE 390 MIAMI, FL 33126	<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	D ABEDROP, JESUS 5805 BLUE LAGOON DRIVE, SUITE 390 MIAMI, FL 33126	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MONTES, JOSE LUIS 5805 BLUE LAGOON DRIVE, SUITE 390 MIAMI, FL 33126	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an affidavit of all other filers empowered.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			1/15/08 (305) 266 2521 Date Daytime Phone #		

WILLIAM MUENCH, Director