

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000036

FILED
Feb 03, 2009
Secretary of State

Entity Name: ALAFAVE, INC.

Current Principal Place of Business:

5805 BLUE LAGOON DRIVE
390
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

5805 BLUE LAGOON DRIVE
390
MIAMI, FL 33126

New Mailing Address:

FEI Number: 65-1071286 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CUEVAS, ANDREW ESQ.
CUEVAS & RUBIN, P.A.
536 BILTMORE WAY
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD3 () Delete
Name: CELEDON, CRISTIAN
Address: 5805 BLUE LAGOON DRIVE, SUITE 390
City-St-Zip: MIAMI, FL 33126

Title: VDS3 () Delete
Name: BEUTH, LUIS
Address: 5805 BLUE LAGOON DRIVE, SUITE 390
City-St-Zip: MIAMI, FL 33126

Title: ES () Delete
Name: SANCHEZ, MARIA S
Address: 5805 BLUE LAGOON DRIVE, SUITE 390
City-St-Zip: MIAMI, FL 33126

Title: D () Delete
Name: MUENCH, WILLIAM
Address: 5805 BLUE LAGOON DRIVE, SUITE 390
City-St-Zip: MIAMI, FL 33126

Title: D () Delete
Name: SANCHEZ, MARIA C
Address: 5805 BLUE LAGOON DRIVE, SUITE 390
City-St-Zip: MIAMI, FL 33126

Title: D () Delete
Name: MONTES, JOSE LUIS
Address: 5805 BLUE LAGOON DRIVE, SUITE 390
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ES (X) Change () Addition
Name: SANCHEZ, MARIA C
Address: 5805 BLUE LAGOON DRIVE, SUITE 390
City-St-Zip: MIAMI, FL 33126

Title: TD (X) Change () Addition
Name: ABEDROP, JESUS
Address: 5805 BLUE LAGOON DRIVE, SUITE 390
City-St-Zip: MIAMI, FL 33126

Title: D (X) Change () Addition
Name: MORENO, YOLIMAR
Address: 5805 BLUE LAGOON DRIVE, SUITE 390
City-St-Zip: MIAMI, FL 33126

Title: D (X) Change () Addition
Name: MORERA, FRANCELLEA
Address: 5805 BLUE LAGOON DRIVE, SUITE 390
City-St-Zip: MIAMI, FL 33126

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRISTIAN CELEDON

P

02/03/2009

Electronic Signature of Signing Officer or Director

_____ Date