

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 04, 2012
Secretary of State

DOCUMENT# N01000000036

Entity Name: ALAFAVE, INC.**Current Principal Place of Business:**5805 BLUE LAGOON DRIVE
290
MIAMI, FL 33126**New Principal Place of Business:****Current Mailing Address:**5805 BLUE LAGOON DRIVE
290
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
Name: BEUTH, LUIS G
Address: 5805 BLUE LAGOON DRIVE, SUITE 290
City-St-Zip: MIAMI, FL 33126

Title: VDS3
Name: LUSINCHI, AMILCAR
Address: 5805 BLUE LAGOON DRIVE, SUITE 290
City-St-Zip: MIAMI, FL 33126

Title: ED
Name: SANCHEZ, MARIA C
Address: 1530 CATALONIA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: TD
Name: RIVERO, ISMAEL E
Address: 5805 BLUE LAGOON DRIVE, SUITE 290
City-St-Zip: MIAMI, FL 33126

Title: D
Name: CELEDON, CRISTIAN
Address: 5805 BLUE LAGOON DRIVE, SUITE 290
City-St-Zip: MIAMI, FL 33126

Title: D
Name: POLAK, DECIO
Address: 5805 BLUE LAGOON DRIVE, SUITE 290
City-St-Zip: MIAMI, FL 33126

I hereby 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 all other like empowered.

SIGNATURE: MARIA C. SANCHEZ

ED

10/04/2012

Electronic Signature of Signing Officer or Director

Date