

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90215 006 ***158.75

DOCUMENT # P00000021353

1. Entity Name
ALFA VITAMINS LABORATORIES INC.



Principal Place of Business
**7593 NW 8TH STREET
SUITE #5
MIAMI, FL 33126**

Mailing Address
**7593 NW 8TH STREET
SUITE #5
MIAMI, FL 33126**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04272004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

~~65-0987746~~

Corrected
65-0987743

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MUNIZ, MARIA
7593 NW 8TH STREET
SUITE #5
MIAMI, FL 33126**

Name **RENIER CRUZ**

Street Address (P.O. Box Number is Not Acceptable)

300 SEVILLA AVE (SUITE #301)

City **CORAL GABLES**

FL

Zip Code **33134**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VD** ☒ Delete
NAME **MUNIZ, MARIA**
STREET ADDRESS **7593 NW 8TH STREET SUITE #5**
CITY-ST-ZIP **MIAMI, FL 33126**

TITLE **VTD** ☒ Change ☐ Addition
NAME **MUNIZ MARIA**
STREET ADDRESS **7593 NW 8TH ST (UNIT #5)**
CITY-ST-ZIP **MIAMI, FL 33126**

TITLE **PD** ☒ Delete
NAME **MUNIZ, ALEJANDRO V**
STREET ADDRESS **7593 NW 8TH STREET SUITE #5**
CITY-ST-ZIP **MIAMI, FL 33126**

TITLE **PSD** ☒ Change ☐ Addition
NAME **VALDES ALEJANDRO**
STREET ADDRESS **7593 NW 8TH ST (UNIT #5)**
CITY-ST-ZIP **MIAMI, FL 33126**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Maria Muniz (MARIA MUNIZ) 4-27-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #