

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P00000021353

FILED
Jul 20, 2007
Secretary of State

Entity Name: ALFA VITAMINS LABORATORIES INC.

Current Principal Place of Business:

1472 N.W. 78 AVE.
DORAL, FL 33126 US

New Principal Place of Business:

Current Mailing Address:

1472 N.W. 78 AVE.
DORAL, FL 33126 US

New Mailing Address:

FEI Number: 65-0987743 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CRUZ, RENIER
300 SEVILLA AVE.
STE. 301
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: VTD () Delete
Name: MUNIZ, MARIA
Address: 1851 SOUTHWEST 21 ST
City-St-Zip: MIAMI, FL 33145

Title: PSD () Delete
Name: VALDES, ALEJANDRO V
Address: 1705 HIBISCUS DR
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PSD (X) Change () Addition
Name: VALDES, ALEJANDRO
Address: 170 S HIBISCUS DRIVE
City-St-Zip: MIAMI BEACH, FL 33139

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEJANDRO VALDES

PSD

07/20/2007

Electronic Signature of Signing Officer or Director

Date