## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: \_

## Mar 03, 2006 08:00 AM DOCUMENT # P00000055725 **Secretary of State** 1. Entity Name ALFAZ CORPORATION Principal Place of Business Mailing Address 736 N.W. 22ND AVENUE 736 N.W. 22ND AVENUE MIAMI FL 33125 MIAMI FL 33125 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 65-1015028 Not Applicable Country Zio Country Zio \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PASCUAL, JULIO A 736 N.W. 22ND AVENUE Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33125 City 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. (NOTE Registered Agent algorithms required when rematating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Change Addition TITLE PD ☐ Delete TITLE NAME NAME PASCUAL, JULIP A U000000454793 STREET ADDRESS 736 N.W. 22ND AVENUE STREET ADDRESS 03/15/06-80030-008 150.00 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33125 Change Addition TITLE SD ☐ Delete TITLE PASCUAL, LOLY STREET ADDRESS 736 N.W. 22ND AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33125 Change ■ Addition ☐ Delete TITLE TD NAME. NAME PASCUAL, MAGGIE L STREET ADDRESS STREET ADDRESS 736 N.W. 22ND AVENUE CHY-ST-ZIP CITY-ST-ZIP MIAMI FL 33125 ☐ Change Addition THILE ☐ Delete TOTLE NAME NAME STREET ADDRESS STREET ACORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE ☐ Change Addition 🔲 TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CATY - ST- ZOP ☐ Delete ☐ Change Addition 3373.5 TITLE NAME NAME STREET ADDRESS STREET ADDRESS 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, 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.

**FILED** 

(305) G4Z-3000

2/20/06