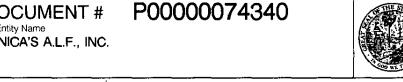
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2003 F	ORI	PROFIT (	CORPORA	TION
UNIFOR	M B	USINESS	REPORT	(UBR)

**DOCUMENT #** 

DENICA'S A.L.F., INC.





\$5.00 May Be Added to Fees

Applied For

\$8.75 Additional

Zip Code

Fee Required

Not Applicable

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE Addition Delete RAMIREZ, YEIMMY G NAME NAME 1832 S.W. 17TH TERRACE STREET ADDRESS STREET ADDRESS **MIAMI FL 33145** CITY-ST-ZIP CITY-ST-7IP Addition TITLE ☐ Delete TITLE ☐ Change NAME PAVON, GEORGINA 🗸 NAME 1832 S.W. 17TH TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33145 ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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: (