

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000101755

Entity Name: ALFONSO FENCE CORP.

FILED
Dec 06, 2005
Secretary of State

Current Principal Place of Business:

15895 NW 42 AVE
OPA LOCKA, FL 33054

New Principal Place of Business:

3600 NW 179 ST
OPA LOCKA, FL 33056

Current Mailing Address:

15895 NW 42 AVE
OPA LOCKA, FL 33054

New Mailing Address:

3600 NW 179 ST
OPA LOCKA, FL 33056

FEI Number: 65-1052779

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALFONSO, YOEL
15895 NW 42 AVE
OPA LOCKA, FL 33054 US

Name and Address of New Registered Agent:

ALFONSO, YOEL
3600 NW 179 ST
OPA LOCKA, FL 33056 US

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: YOEL ALFONSO

12/06/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ALFONSO, YOEL
Address: 15895 NW 42 AVE
City-St-Zip: OPA LOCKA, FL 33054

Title: DST (X) Delete
Name: LEYVA, BELKIS
Address: 15895 NW 42 AVE
City-St-Zip: OPA LOCKA, FL 33054

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: ALFONSO, YOEL
Address: 3600 NW 179 ST
City-St-Zip: OPA LOCKA, FL 33056

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: YOEL ALFONSO

DP

12/06/2005

Electronic Signature of Signing Officer or Director

Date