2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000027063

FILED May 01, 2003 8:00 am Secretary of State

05-01-2003 91008 026 ***150.00

NAME STREET ADDRESS CITY-ST-2P CORAL GABLES, FL 33134 CITY-ST-2P CORAL GABLES, FL 33134 CITY-ST-2P CORAL GABLES, FL 33134 CITY-ST-2P TITLE JENERAL DORESS CITY-ST-2P CORAL GABLES, FL 33134 CITY-ST-2P TITLE NAME STREET ADDRESS	1. Entity Name ALFARO PROPER	TIES OF FLORIDA						
2 100 PONCE DE LEON BLVD SUTTE 600 CORAL GABLES, FL 33134 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country Zig Country S. Carsificate of Status Desired F. Name and Address of Current Registered Agent VILLANUEVA, CARLOS SUITE 600 CORAL GABLES, FL 33134 City FL Zig Code 8. The above named entity submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Principal Place of Principal Place of State City FL Zig Code 8. The above named entity submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Principal Law flat in a value of Principal Company of State of				15				
Suite, Apt. #, etc. Suite, Apt. #, etc. Great Address of Carrent Registered Agent A. FEI Number 65-1079235 Applied For Na Applied Store	2100 PONCE DE LEON BLYD SUITE 600		2100 PONCE DE LEON BLVD Suite 600					
Chy & State A, FEI Number 65-1079238 Replied for Not Applicable S. Certificate of Status Dealed 6. Name and Address of Current Registered Agent 7. Name and Address of Now Registered Agent VILLANIUS A, CARLOS SITE 900 CORAL GABLES, FL 33134 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I sur familiar with, and accept the be obligations of registered agent. SIGNATURE Explaine, special agent and deplates agent and the Faylica. SIGNATURE Explaine, special agent and deplates agent and the Faylica. SIGNATURE Explaine, special agent and deplates agent and the Faylica. SIGNATURE Explaine, special agent and deplates agent and the Faylica. SIGNATURE Explaine, special agent and deplates agent and the Faylica. SIGNATURE Explaine, special agent and deplates agent and the Faylica. SIGNATURE Explaine, special agent agent and deplates agent and the Faylica. SIGNATURE Explaine, special agent agent and the State of Florida. I sur familiar with, and accept the collision of the state of Florida. I sur familiar with, and accept the collision of the state of Florida. I sur familiar with, and accept the collision of the state of Florida. I sur familiar with, and accept the collision of the state of Florida. I sur familiar with, and accept the collision of the state of Florida. I sur familiar with, and accept the collision of Florida Charles agent ag	2. Principal Place of Business		3. Mailing Address					
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B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, hipself or printed curried flegistered agent and title if applicable. (NOTE Registered Agents synature required when reinstation)	9.00.00.00.00.00.00.00.00.00.00.00.00.00			City		Zip Cod	e	
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FILE NOW!!! FEE: \$ \$150.00 After May 17 203 Fee will be 4550.00 Make Check Payable to Florida: Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TINE PS								
After May 1 2003 Fee will be \$55:00 May Be Added to Fees Name Check Payable to Florida Department of State	SIGNATURE							
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3Xi), Florida Statutes. I further certify that the information		- information or make the startistic starting	his filling close not qualify for th	<u> </u>	ection 119.07(3Yr). Florida Statutes, Ligurity	ar cartify that the in	oformation	

2. 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 athetic like empowered.

SIGNATURE:

REMATURE AND TYPED OR PHINTED NAME OF SIGNANG OFFICER OR DIRECTOR

4-7-27-03-703-777