2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

SIGNATURE:

Aug 11, 2003 8:00 am Secretary of State P01000087109 DOCUMENT # 08-11-2003 90283 028 ***550.00 1. Entity Name ALFARO CONSTRUCTION INC. Mailing Address Principal Place of Business 12211 SW 93RD ST 12211 SW 93RD ST MIAMI FL 33186-1911 MIAMI FL 33186-1911 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 65-1139457 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ALFARO, SUSAN Street Address (P.O. Box Number is Not Acceptable) 12211 SW 93RD ST MIAMI FL 33186-1911 City Zip Code 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. (4/03)☐ Change Addition TITLE ☐ Delete TITLE ALFARO, RAFAEL NAME NAME 12211 SW 93RD ST STREET ADDRESS STREET ADDRESS MIAMI FL 33186-1911 CITY-ST-ZIP CITY-ST-ZIP VST ☐ Change ■ Addition ☐ Delete TITLE TITLE ALFARO, SUSAN NAME NAME STREET ADDRESS STREET ADDRESS 12211 SW 93RD ST MIAMI FL 33186-1911 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of the certification of the certificat

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