

# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



|   |  |   |  |  |  |
|---|--|---|--|--|--|
| DOCUMENT # P01000099306   |  |   |  |  |  |
| 1. Entity Name<br>BELKIS ALF 1 INC.   |  |   |  |  |  |
| Principal Place of Business<br>3700 SW 147 PLACE<br>MIAMI, FL 33185   |  |   | Mailing Address<br>3700 SW 147 PLACE<br>MIAMI, FL 33185  |  |  |
| 2. Principal Place of Business  |  |   | 3. Mailing Address   |  |  |
| Suite, Apt. #, etc.   |  |   | Suite, Apt. #, etc.  |  |  |
| City & State  |  |   | City & State   |  |  |
| Zip   | Country  | Zip   | Country  | 4. FEI Number<br>65-1142947  |  |
|   |  |   |  | Applied For<br>Not Applicable  |  |
|   |  |   |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent   |  |   | 7. Name and Address of New Registered Agent  |  |  |
| FERNANDEZ, YAMILE<br>3700 SW 147 PLACE<br>MIAMI, FL 33185   |  |   | Name Jose Alvarez<br>Street Address (P.O. Box Number is Not Acceptable)<br>3700 S.W. 147 PL.<br>City Miami FL Zip Code 33175             |  |  |
| 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 <u>José Alvarez</u> DATE <u>3/11/05</u><br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>   |  |   |  |  |  |
| Amended AR is \$61.25   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |  |  |  |
| 10. OFFICERS AND DIRECTORS  |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>FERNANDEZ, YAMILE<br>3700 SW 147 PLACE<br>MIAMI, FL 33185 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>Jose Alvarez<br>3700 S.W. 147 PL.<br>Miami, FL 33175 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VP<br>Maria Cordori<br>3700 S.W. 147 PL.<br>Miami, FL 33175 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | 200049930002<br>04/05/05--01082--009 **70.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition                           |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| 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: <u>José Alvarez</u> DATE <u>3/11/05</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |   |  |  |  |