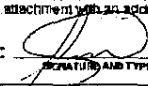


FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90043 008 ***150.00

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

DOCUMENT # P01000116869			90100543																																				
1. Entity Name ALEXANDRIA, INC.																																							
Principal Place of Business 14793 NW 87 PL MIAMI, FL 33018		Mailing Address 14793 NW 87 PL MIAMI, FL 33018																																					
2. Principal Place of Business 6310 NW 9th AV. (Powerline rd) Suite, Apt. #, etc.		3. Mailing Address 6310 Powerline rd Suite, Apt. #, etc.																																					
City & State Fort Lauderdale / FL Zip 33309 County Broward		City & State Fort Lauderdale / FL Zip 33309 County Broward																																					
4. FEI Number 04-3593425		Applied For Not Applicable																																					
5. Certificate of Status Desired \$8.75 Additional Fee Required		☐ CHECK HERE IF MAKING CHANGES																																					
6. Name and Address of Current Registered Agent FIGUERA GUTIERREZ, JORGE ANDRES 14793 NW 87 PL MIAMI, FL 33018		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ SIGNATURE, NAME AND TITLE OF CURRENT REGISTERED AGENT AND TITLE IF APPLICABLE (NOTE: Registered Agent signature required when necessary) DATE																																							
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fee																																							
10. OFFICERS AND DIRECTORS																																							
<table border="1"><thead><tr><th>TITLE</th><th>NAME</th><th>STREET ADDRESS</th><th>CITY-STATE-ZIP</th><th>☐ Delete</th></tr></thead><tbody><tr><td>P</td><td>FIGUERA, JORGE A</td><td>14793 NW 87 PL</td><td>MIAMI, FL 33018</td><td></td></tr><tr><td>V</td><td>ABRAMS PETTIT, ODETTE Y</td><td>14793 NW 87 PL</td><td>MIAMI, FL 33018</td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>				TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete	P	FIGUERA, JORGE A	14793 NW 87 PL	MIAMI, FL 33018		V	ABRAMS PETTIT, ODETTE Y	14793 NW 87 PL	MIAMI, FL 33018																						
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																							
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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(5)(X), 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:  Jorge Figuera		4-17-03 9547717226																																					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE Capitol Phone #																																					

CR2E004 (1/02)