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

1. Entity Name
ALEXANDRIA, INC.

90100543

Principal Place of Business	Mailing Address
14793 NW 87 PL MIAMI, FL 33018	14793 NW 87 PL MIAMI, FL 33018

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
6310 NW 9th AV. (Powerline rd)	6310 Powerline rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: fort Lauderdale / FL	City & State: fort Lauderdale / FL
Zip: 33309 Country: Broward	Zip: 33309 Country: Broward

4. FEI Number 04-3593425 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FIGUERA, JORGE A 14793 NW 87 PL MIAMI, FL 33018	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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: Jorge Figuera 4-17-03 9547717226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #