## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000101536

Entity Name: ALFER INVESTMENT CORP.

FILED Apr 27, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

2699 COLLINS AVE STE 110 2699 COLLINS AVE MIAMI BCH, FL 33140

SUITE 110

MIAMI BEACH, FL 33140

**Current Mailing Address:** New Mailing Address:

2699 COLLINS AVE STE 110 2699 COLLINS AVE

MIAMI BCH, FL 33140 STE 110

MIAMI BEACH, FL 33140

FEI Number: 57-1179315 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RODRIGUEZ, ANTONIO A RODRIGUEZ, ANTONIO A 2699 COLLINS AVE STE 110 2699 COLLINS AVE

MIAMI BCH, FL 33140 SUITE 110 MIAMI BEACH, FL 33140 US

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.

SIGNATURE: ANTONIO A. RODRIGUEZ 04/27/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition

CASERO, LUIS M CASERO, LUIS M Name: Name:

2699 COLLINS AVE STE 110 2699 COLLINS AVE STE 110 Address: Address: City-St-Zip: MIAMI BCH, FL 33140 City-St-Zip: MIAMI BEACH, FL 33140

Title: Title: () Delete () Change () Addition

ESCOLIERI, SUSANA O MRS. Name: Name: 2699 COLLINS AVE STE 110 Address: Address: MIAMI BEACH, FL 33140 City-St-Zip: City-St-Zip:

( ) Delete Title: Title: () Change () Addition

CASERO, FERNANDA M MS. Name: Name: 2699 COLLINS AVE STE 110 Address: Address: City-St-Zip: MIAMI BEACH, FL 33140 City-St-Zip:

Title: () Delete Title: () Change () Addition

CASERO, ALEJANDRA M MS. Name: Name: Address: 2699 COLLINS AVE STE 110 Address: City-St-Zip: MIAMI BEACH, FL 33140 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIS M. CASERO D 04/27/2005