

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 09, 2005 08:00 AM
Secretary of State**

DOCUMENT # P02000114753 1. Entity Name ALFA GENERAL INVESTMENTS, CORP.	
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Principal Place of Business 13020 S.W. 92ND AVENUE A-314 MIAMI, FL 33176	Mailing Address 13020 S.W. 92ND AVENUE A-314 MIAMI, FL 33176
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DO NOT WRITE IN THIS SPACE



05062005 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0748942	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SPINDOLA, JESUS 13020 S.W. 92ND AVENUE A-314 MIAMI, FL 33176
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DO NOT WRITE IN THIS SPACE

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.

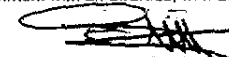
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPINDOLA, JESUS 10247 SW 24 ST APT D-474 MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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(3)(f), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	05/3/05 Date	Daytime Phone #
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