


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

|                                     |  |   |
|-------------------------------------|--|---|
| DOCUMENT # P03000045342             |  |  |
| 1. Entity Name<br>ALFA SPIRIT CORP. |  |   |

|   |   |
|---|---|
| Principal Place of Business<br>11476 DARLINTON DRIVE<br>ORLANDO, FL 32837 | Mailing Address<br>11476 DARLINTON DRIVE<br>ORLANDO, FL 32837 |
|---|---|

|                                |                    |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

|                     |                     |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

|              |              |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

|   |
|---|
| 6. Name and Address of Current Registered Agent |
|---|

|   |  |
|---|--|
| SIEGEL & UTRERA, P.A.<br>1840 SOUTHWEST 22 STREET, 4TH FLOOR<br>MIAMI, FL 33145 |  |
|---|--|

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|---|
| 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<br><i>[Signature]</i><br>Signature, typed or printed name of registered agent and title if applicable | DATE<br>10-4-04<br>(NOTE: Registered Agent signature required when resigning) |
|---|---|

|   |  |
|---|--|
| FILE NOW!!! FEE IS \$550.00<br>Due by September 8, 2004 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be<br>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 | DPT<br>PINEIRO, MARISOL<br>11476 DARLINTON DRIVE<br>ORLANDO, FL 32837 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>10/07/04 01021 002 \$150.00 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPS<br>VIDAL, GLORIA<br>11476 DARLINTON DRIVE<br>ORLANDO, FL 32837 <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                                |
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| 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)(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:<br><i>[Signature]</i><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | DATE<br>10-4-04<br>Date | DAYTIME PHONE #<br>407908-5045<br>Daytime Phone # |
|--|-------------------------|---|

FILED

04 OCT 25 PM 3: 36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RESTATEMENT 04



09302004 Chg-P CR2E034 (10/03)

4. FEI Number  
51-0461756 Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

|  |
|--|
| Name   |
| Street Address (P.O. Box Number Is Not Acceptable) |
| City   |
| FL Zip Code  |

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Florida Department of State  
Division of Corporations

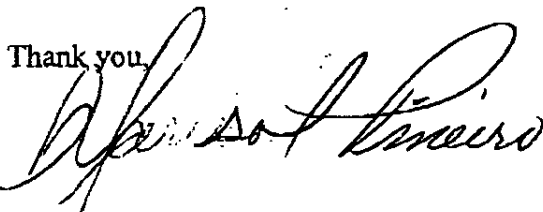
Alfa Spirit Corp.  
11476 Darlington Drive  
Orlando, FL 32837  
Document # P03000045342  
EIN: 51-0461756

I did not receive and failed to file a timely form UBR for 2004 for Alfa Spirit Corp. My company has been newly formed and created for the first half of 2003 and I was unaware of the filing and deadline requirements of FORM UBR. I have just acquired a new accountant who has informed me that I should have filed this form by 05/01/2004.

I am requesting that the department of state remove the penalty and accept my renewal as is. This was an honest mistake and many steps have been put into place to avoid these errors in the future. I take these filing requirements very seriously and only want to do the right thing.

I would appreciate any assistance in reference to this matter.

Thank you,

A handwritten signature in black ink, appearing to read "Marisol Pineiro", written over the "Thank you," text.

Marisol Pineiro  
President