## 2005 FOR PROFIT CORPORATION ANNUAL REPORT...

## FILED Jan 21, 2005 08:00 AM **DOCUMENT # P03000095871 Secretary of State** ALEJANDRE PROPERTY MANAGEMENT, INC. Principal Place of Business Mailing Address 4141 SW 74 COURT 4141 SW 74 COURT MIAMI, FL 33155 US MIAMI, FL 33155 01072005 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 36-4540493 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent PAVE, STEPHEN M DO NOT WRITE 7600 RED ROAD **SUITE 200** IN THIS SPACE SOUTH MIAMI, FL 33143 1. 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150,00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 01/24/05-80855-001 150.00 OFFICERS AND DIRECTORS 10. TITLE NAME GONZALEZ, ALEJANDRO STREET ADDRESS 3805 SW 75 AVENUE CITY-ST-7IP MIAMI, FL 33155 VPST TITLE NAME RIOS, ANA 9157 8W 157 PATH STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33196 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP BILE IN THIS SPACE NAME STREET ADDRESS DTTY-ST-ZIP TITLE STREET ADDRESS CITY-ST-7/P TRE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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, you all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

MONATURE AND TYPED OR PENTED NAME OF SIGHING OFFICER ON DO

Jan.17/05