2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 91058 010 ***158.75

DOCUMENT # P03000132683

1. Entity Name
THE ALEXANDREA CONSULTING GROUP, INC.

Principal Place of Business	Mailing Address
~~7801 S.W. 24ST~~ 8820 SW 80th St ~~SUITE 102~~ Miami, FL 33173- ~~MIAMI, FL 33155~~	7801 S.W. 24ST SUITE 102 MIAMI, FL 33155

04302004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
8820 SW 80 ST	8820 SW 80ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: Miami, FL
Zip: 33173 Country: Miami-Dade	Zip: 33173 Country: Miami-Dade

4. FEI Number: 01 0737083 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DEL VALLE, ALBERTO G JR.
~~7741 S.W. 93 AVE~~ 8820 SW 80st
~~MIAMI, FL 33173~~ Miami FL 33173-417

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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	DEL VALLE, ALBERTO G JR	
STREET ADDRESS	7741 S.W. 93 AVE	
CITY-ST-ZIP	MIAMI, FL 33173	
TITLE	VP	☐ Delete
NAME	DEL VALLE, CARMEN	
STREET ADDRESS	7741 S.W. 93 AVE	
CITY-ST-ZIP	MIAMI, FL 33173	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: [signature] 4/30/04 305-596-7945
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #