## 2004 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P03000153642

Entity Name: ALFA SOLUTIONS CORP

PLANTATION, FL 33322 US

City-St-Zip:

FILED Nov 15, 2004 Secretary of State

Entity Nar	ne: ALFA SUL	UTIONS CORP			
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
1521 NW 1 PLANTATI	00 WAY ON, FL 33322	US			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
1521 NW 1 PLANTATI	00 WAY ON, FL 33322	US			
FEI Number:		FEI Number Applied For (X)	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
1521 NW 1	MANUEL E 00 WAY ON, FL 33322	US			
The above in the State		ubmits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE:				
	Electronic	Signature of Registered Age	ent	Date	
		(2)(b), F.S., the corporation did no Trust Fund Contribution ( ).	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D ()[ VILLEGAS, ROSI 4602 DYKES RD MIRAMAR, FL 33	#517	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	D () [ PADILLA, MANUI 1521 NW 100 W		Title: Name: Address:	( ) Change ( ) Addition	

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: MANUEL PADILLA D 11/15/2004