

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000024799

FILED
Oct 05, 2005
Secretary of State

Entity Name: ALFARO DE LA CRUZ & ASSOCIATES, INC.

Current Principal Place of Business:

62 W 5 ST
HIALEAH, FL 33010

New Principal Place of Business:

2550 NW 72 AVE
SUITE 119
MIAMI, FL 33122

Current Mailing Address:

62 W 5 ST
HIALEAH, FL 33010

New Mailing Address:

2550 NW 72 AVE
SUITE 119
MIAMI, FL 33122

FEI Number: 90-0145779

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DE LA CRUZ, LUIS
62 W 5 ST
HIALEAH, FL 33010 US

Name and Address of New Registered Agent:

DE LA CRUZ, LUIS D
62 W 5 ST
HIALEAH, FL 33010 US

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.

SIGNATURE: LUIS D DE LA CRUZ

10/05/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DE LA CRUZ, LUIS
Address: 62 W 5 ST
City-St-Zip: HIALEAH, FL 33010

Title: VP () Delete
Name: ALFARO, ALEXANDER
Address: 62 W 5 ST
City-St-Zip: HIALEAH, FL 33010

Title: T (X) Delete
Name: DE LA CRUZ, JONATHAN L
Address: 62 W 5 ST
City-St-Zip: HIALEAH, FL 33010

Title: S (X) Delete
Name: DA LA CRUZ, JORGE LUIS
Address: 62 W 5 ST
City-St-Zip: HIALEAH, FL 33010

Title: D (X) Delete
Name: DE LA CRUZ, JOSE MIGUEL JR
Address: 62 W 5 ST
City-St-Zip: HIALEAH, FL 33010

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: DE LA CRUZ, LUIS
Address: 62 W 5 ST
City-St-Zip: HIALEAH, FL 33010

Title: P (X) Change () Addition
Name: ALFARO, ALEXANDER
Address: 12341 SW 20 TERR
City-St-Zip: MIAMI, FL 33122

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: LUIS D DE LA CRUZ

VP

10/05/2005

Electronic Signature of Signing Officer or Director

Date