

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90015 010 ***150.00

DOCUMENT # P04000046034	
1. Entity Name ALARIFE INVESTMENT CORP.	

Principal Place of Business 2645 SW 17 AVE MIAMI, FL 33133	Mailing Address 2645 SW 17 AVE MIAMI, FL 33133
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01052005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent PERDOMO JR., CARLOS M 2645 SW 17 AVE MIAMI, FL 33133	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number's Not Acceptable)	
City	
FL	Zip Code

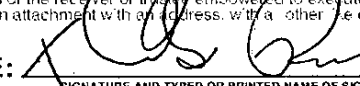
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature of the officer or director of the corporation, or the registered agent, or both, in the State of Florida. If the registered agent is a corporation, the signature of the registered agent must be accompanied by the name of the registered agent.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	P PERDOMO JR., CARLOS M 2645 SW 17 AVE MIAMI, FL 33133 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition

12. I hereby certify that the information submitted 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 supplements 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 a power of attorney.

SIGNATURE:  **CARLOS M. PERDOMO JR.** 1/5/05 786-301-6940
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR