2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 11, 2005
Secretary of State

DOCUMENT# P04000080514

Entity Name: AFALIZ, INC.

Current Principal Place of Business:

7300 NW 114 AVE #106
MIAMI, FL 33178

New Principal Place of Business:

7637 NW 116TH AVENUE
MIAMI, FL 33178

Current Mailing Address:

7300 NW 114 AVE #106
MIAMI, FL 33178

New Mailing Address:

7637 NW 116TH AVENUE
MIAMI, FL 33178

FEI Number: 20-1194721 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FONTALVO, ARTEMO
7300 NW 114 AVE #106
MIAMI, FL 33178 US

Name and Address of New Registered Agent:

FONTALVO, ARTEMO
7637 NW 116TH AVENUE
MIAMI, FL 33178 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: ARTEMO FONTALVO 11/11/2005
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: ANDRADE, ELIZABETH
Address: 7300 NW 114 AVE #106
City-St-Zip: MIAMI, FL 33178

Title: V ( ) Delete
Name: FONTALVO, ARTEMO
Address: 7300 NW 114 AVE #106
City-St-Zip: MIAMI, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ANDRADE, ELIZABETH
Address: 7637 NW 116TH AVENUE
City-St-Zip: MIAMI, FL 33178

Title: V (X) Change ( ) Addition
Name: FONTALVO, ARTEMO
Address: 7637 NW 116TH AVENUE
City-St-Zip: MIAMI, FL 33178

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: ELIZABETH ANDRADE P 11/11/2005
Electronic Signature of Signing Officer or Director Date