

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000103249

Entity Name: ALICAR & LOYPON, CORP.

FILED  
Mar 14, 2006  
Secretary of State

## Current Principal Place of Business:

14915 SW 104 STREET #21  
MIAMI, FL 33196

## New Principal Place of Business:

4995 NW 72 AVE.  
SUITE 205  
MIAMI, FL 33166

## Current Mailing Address:

14915 SW 104 STREET #21  
MIAMI, FL 33196

## New Mailing Address:

4995 NW 72 AVE.  
SUITE 205  
MIAMI, FL 33166

FEI Number: 20-1365661

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

GUILLEN, RICARDO  
14915 SW 104 STREET #21  
MIAMI, FL 33196 US

## Name and Address of New Registered Agent:

OLIVA, MAGDA  
4995 NW 72 AVE.  
SUITE 205  
MIAMI, FL 33166 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: MAGDA OLIVA

03/14/2006

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: WILSON FERNANDO LOYA, GA MONZON  
Address: 14915 SW 104 STREET #21  
City-St-Zip: MIAMI, FL 33196

Title: V ( ) Delete  
Name: CRUZ, ADALIZ A  
Address: 14915 SW 104 STREET #21  
City-St-Zip: MIAMI, FL 33196

Title: S (X) Delete  
Name: GUILLEN, RICARDO  
Address: 14915 SW 104 STREET #21  
City-St-Zip: MIAMI, FL 33196

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change ( ) Addition  
Name: LOYAGA MONZON, WILSON F MR.  
Address: 4995 NW 72 AVE., SUITE 205  
City-St-Zip: MIAMI, FL 33166

Title: VP (X) Change ( ) Addition  
Name: CRUZ, ADALIZ A  
Address: 4995 NW 72 AVE., SUITE 205  
City-St-Zip: MIAMI, FL 33166

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 Chapter 119, 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: WILSON F. LOYAGA MONZON

MR.

03/14/2006

Electronic Signature of Signing Officer or Director

Date