

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000104239

1. Entity Name
RODRIGUEZ-ALVAREZ FINANCIAL CORP.



FILED

06 JAN 13 2006 9:35

Principal Place of Business
3633 S.W. 15TH STREET
MIAMI, FL 33145

Mailing Address
P.O. BOX 247321
MIAMI, FL 33234

2. Principal Place of Business

5313 COLLINS AVENUE
Suite, Apt. #, etc.
303

3. Mailing Address

P.O. BOX 402702

Suite, Apt. #, etc.

01052006 REIN-P CR2E098 (11/05)

4. FEI Number
34-2012293

Applied For
Not Applicable

5. Certificate of Status Desired
 \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, MARK
3633 S.W. 15TH STREET
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

5313 COLLINS AVENUE, #303

City Miami Beach FL Zip Code 33140

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/4/06

DATE

FILE NOW!!! FEE IS \$300.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P Delete
NAME RODRIGUEZ, MARK
STREET ADDRESS 5313 COLLINS AVE
CITY-ST-ZIP MIAMI, FL 33145 # 303

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MIAMI, FL Delete
NAME
STREET ADDRESS
CITY-ST-ZIP 33140

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 02/03/06--01004--007 ***300.00

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 all other like empowered.

SIGNATURE: *Mark Rodriguez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/06 305-458-9858
Date Daytime Phone #