


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000104239	
1. Entity Name RODRIGUEZ-ALVAREZ FINANCIAL CORP.	

FILED
06 JAN 13 AM 9:35

Principal Place of Business 3633 S.W. 15TH STREET MIAMI, FL 33145	Mailing Address P.O. BOX 247321 MIAMI, FL 33234
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2. Principal Place of Business 5313 COLLINS AVENUE Suite, Apt. #, etc. # 303 City & State MIAMI Zip 33140 Country USA	3. Mailing Address P.O. BOX 402702 Suite, Apt. #, etc. City & State MIAMI BEACH Zip 33140 Country USA
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01052006 REIN-P CR2E098 (11/05)

4. FEI Number 34-2012293	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 Mark Rodriguez DATE 1/4/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	P RODRIGUEZ, MARK 3633 S.W. 15TH STREET MIAMI, FL 33145 <u>5313 COLLINS AVE # 303</u> <u>MIAMI, FL 33140</u> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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