## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## FILED Apr 21, 2005 8:00 am Secretary of State 04-21-2005 90219 016 \*\*\*150.00

DOCLIMENT 4	1 504000450004		`	<u> </u>	04-21-2003 30213 01	0 130.00	
DOCUMENT #	P04000152924						
1. Entity Name			ı				
F. ALEJO CORP.				marioo Crimanana	40063633		
					_		
	OTWRITE		354	허크	·		
2. Principal Place of Business 3. Mailing Address							
7240 WEST COMMER Suite, Apt. #, etc.	Suite, Apt. #, etc	ito Ant # ata		DO NOT MERTE IN T	HIC CDACE		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		City & State			4. FEI Number	Applied For	
LAUDERHILL, FL					58-2679882	Not Applicable	
Zip	Country	Zip	Co	untry	5. Certificate of Status Desired	\$8.75 Additional	
33319	Biotopourinonum mannonium		10000000000000000000000000000000000000			Fee Required	
					ne and Address of Current Reg	istered Agent	
				Name	ALEJO, FABIO F		
					dress (P.O. Box Number is Not Acceptable)		
IN THIS SPACE 7410 W				7410 WOODL	AND TERRACE # 101		
						•	
				City	· · · · · · · · · · · · · · · · · · ·	Zip Code	
				TAMARAC	FL	33321	
8. The above named	entity submits this state	ement for the purpo	ose of ch	anging its regis	stered office or registered agent,	or both, in the	
State of Florida. L	am familiar with, and ac	cept the obligation	s of regis	stered agent.		1	
SIGNATURE	TRIL TY					4-4-05	
	ure, typed or printed name of/e		f applicable	. (NOTE: Regist	tered Agent signature required when reinst	ating) DATE	
	- May 1 Fee is \$150.00 ay 1, Fee is \$550.00				9. Election Campaign Financing	\$5.00 May Be	
	ded UBR is \$61.25		-		Trust Fund Contribution.	Added to Fees	
	e to Florida Departmer	nt of State					
10.	OFFICERS AND	DIRECTORS	11.	ne samunana			
TITLE NAME	ALEJO, FABIO F		TIT NA	ME			
STREET ADDRESS	7410 WOODLAND TE	RRACE #101	2011 A 17 4 17 4 1	REET ADDRES	5		
CITY-ST-ZIP	TAMARAC, FL. 3332	21		TY-ST-ZIP			
TITLE							
NAME STREET ADDRESS			12211271711	ME REET ADDRES!			
CITY-ST-ZIP			10.00	TY-ST-ZIP			
TITLE		<del>.</del>	1 2 4 2 4 2 7 2 7 2 7 2 7	ŢĒ.			
NAME STREET ADDRESS				ME REET ADDRES			
CITY-ST-ZIP				Y-ST-ZIP	DO NOT	WRITE	
TITLE			2927292929		IN THIS S	DACE	
NAME			1999 1999	ME			
STREET ADDRESS CITY-ST-ZIP			# (1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	REET ADDRES: NY-ST-ZIP	9		
TITLE				i E			
NAME `			1112717171717	ME			
STREET ADDRESS CITY-ST-ZIP			204040404040404	REET ADDRES: TY-ST-ZIP	5		
TITLE				i E			
NAME			*********	ME			
STREET ADDRESS		•	111212121	REET ADDRES	<b>S</b>		
12 I hereby certify that	the information supplied wi	ith this filing does not		TY-ST-ZIP	stated in Section 119.07(3)(i). Florida	Statutes. I further	
12. I hereby certify that the information supplied with this filing does not qualify 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 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 on an attachment with an address, with all other like empowered.							
Chapter 607, Florida	Statutes; and that my har	ne appears in Blook	10 or on a	n attachment wit	h an address, with all other like emp	owered.	
	+0				1 /	2000000000	
SIGNATURE:	Tes- Ti	$\sim$			4-15-05	154 142 4229	
	ATURE AND TYPED OR F	PRINTED NAME OF	<del>SIGNIN</del> G	OFFICER OR D	IRECTOR Date	Daytime Phone #	
Į.	,						