## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## ANNUAL REPORT DOCUMENT # P05000153283 1. Entity Name ALEJANDRO CURE, PA

FILED May 02, 2008 08:00 AN Secretary of State

Principal Place of Business

MIAMI, FL 33131

Mailing Address

1408 BRICKELL BAY DRIVE APT 610 1408 BRICKELL BAY DRIVE

APT 610

MIAMI, FL 33131



DO N	TOV	WRITE	IN	THIS	SPA	CE
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04292008 No Chg-P CR2E034 (11/05)

4. FEI Number 26-0129740

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name :	and Address	of Current	Register	inegA be

CURE, ALEJANDRO 1408 BRICKELL BAY DRIVE APT 610 MIAMI, FL 33131

## DO NOT WRITE IN THIS SPACE

INIMIN, FE 33131									
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)  DATE									
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	cing . $\square$	\$5.00 May Be Added to Fees	U00000943408 05/29/08-80058-012 150.00				
10.	OFFICERS AND DIREC	TORS			,				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CURE, ALEJANDRO 1408 BRICKELL BAY DRIVE, APT 610 MIAMI, FL 33131	)							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				•					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE						
TITLE NAME									

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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL /29/08 (305)303-8182