


# FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only

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|                                      |   |
|--------------------------------------|---|
| DOCUMENT # P05000153283              |  |
| 1. Entity Name<br>Alejandro Cure PA. |   |

FILED

11 MAY 18 AM 8:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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|  |         |                     |         |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip  | Country | Zip                 | Country |

300207779643  
05/17/11--01022--002 \*\*150.00  
CR2E034B (1/11)

|  |                |
|--|----------------|
| FFI Number   | Applied For    |
| 26-0129740   | Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                |

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|  |          |
|--|----------|
| 7. Name and Address of Current Registered Agent    |          |
| Name   |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City   |          |
| FL   | Zip Code |

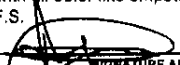
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

|   |             |
|---|-------------|
| SIGNATURE   | DATE        |
|  | April 28/11 |

|  |   |   |
|--|---|---|
| January 1 - May 1 Fee is \$150.00<br>After May 1 Fee is \$550.00<br>Amended AR is \$61.25<br>Make Check Payable to Florida Department of State | 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | E-mail Address:<br>alejandrocure@hotmail.com<br>E-mail address to be used for future annual report notices. |
|--|---|---|

| 10. OFFICERS AND DIRECTORS |                            |
|----------------------------|----------------------------|
| TITLE                      | PRESIDENT                  |
| NAME                       | Alejandro Cure             |
| STREET ADDRESS             | 1408 Brickell Bay Dr / 610 |
| CITY-ST-ZIP                | Miami FL 33131             |
| TITLE                      |                            |
| NAME                       |                            |
| STREET ADDRESS             |                            |
| CITY-ST-ZIP                |                            |
| TITLE                      |                            |
| NAME                       |                            |
| STREET ADDRESS             |                            |
| CITY-ST-ZIP                |                            |
| TITLE                      |                            |
| NAME                       |                            |
| STREET ADDRESS             |                            |
| CITY-ST-ZIP                |                            |

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|   |                      |
|---|----------------------|
| 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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S. |                      |
| SIGNATURE:  | DATE                 |
|    | May 10/11 3053038183 |