


**FOR PROFIT CORPORATION
ANNUAL REPORT**

For Office Use Only

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DOCUMENT # **P05000153283**
 1. Entity Name
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 #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

**1408 Brickell Bay Dr
610
Miami FL
33131 USA**

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

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4. FFI Number
 Applied For
 Not Applicable

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

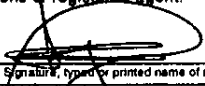
26-0129740

7. Name and Address of Current Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City State Zip Code

**Alejandro Cure
1408 Brickell Bay Dr / 610
Miami FL 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  DATE **April 28/11**

(NOTE: Registered Agent signature required when re-instating)

January 1 - May 1, Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended AR is \$61.25
 Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be Added to Fees
 Trust Fund Contribution.

E-mail Address:
 E-mail address to be used for future annual report notices.

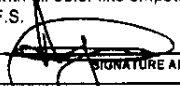
alejandrocure@hotmail.com

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT Alejandro Cure 1408 Brickell Bay Dr / 610 Miami FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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** Daytime Phone # **305 303-8183**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-118aw