
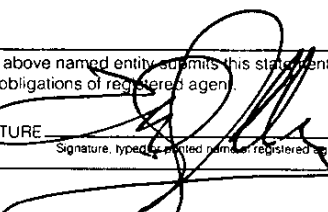
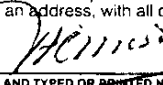


2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 MAR -5 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000154465					
1. Entity Name ALEXANDRA 97, INC.					
Principal Place of Business 2655 LE JEUNE ROAD SUITE 309 CORAL GABLES, FL 33134			Mailing Address 13876 SW 56TH STREET NO. 291 MIAMI, FL 33175		
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	4. FEI Number	
				02082007 REIN-P CR2E098 (1/07)	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GALVEZ-PRIEGO, JORGE 2655 LE JEUNE ROAD SUITE 309 CORAL GABLES, FL 33134				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 		JORGE GALVEZ-PRIEGO, ESQ.		02/09/2007	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
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	PTD	<input checked="" type="checkbox"/> Delete	TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DA SILVA CORREIA, MANUEL		NAME	DA-SILVA-CORREIA, MANUEL	
STREET ADDRESS	2655 LE JEUNE ROAD #309		STREET ADDRESS	2655 LE JEUNE RD STE 309	
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	VSD	<input checked="" type="checkbox"/> Delete	TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMACHO DE CORREIA, MARIA E		NAME	CAMACHO-DE-CORREIA, MARIA H.	
STREET ADDRESS	2655 LE JEUNE ROAD		STREET ADDRESS	2655 LE JEUNE RD STE 309	
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE		<input type="checkbox"/> Delete	TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	DA-SILVA-CAMACHO, SYBEL	
STREET ADDRESS			STREET ADDRESS	2655 LE JEUNE RD STE 309	
CITY-ST-ZIP			CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE		<input type="checkbox"/> Delete	TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	DA-SILVA-CAMACHO, TAMARA	
STREET ADDRESS			STREET ADDRESS	2655 LE JEUNE RD STE 309	
CITY-ST-ZIP			CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 		DA-SILVA-CORREIA, MANUEL		DP	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	
		02/09/2007		305-416-9668	



2/500