

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000154465

Entity Name: ALEXANDRA 97, INC.

FILED  
Feb 26, 2009  
Secretary of State

## Current Principal Place of Business:

2655 LE JEUNE ROAD  
SUITE 309  
CORAL GABLES, FL 33134

## New Principal Place of Business:

## Current Mailing Address:

13876 SW 56TH STREET  
NO. 291  
MIAMI, FL 33175

## New Mailing Address:

FEI Number: 33-1156062      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

GALVEZ-PRIEGO, JORGE  
2655 LE JEUNE ROAD  
SUITE 309  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: DA SILVA CORREIA, MANUEL  
Address: 2655 LE JEUNE ROAD #309  
City-St-Zip: CORAL GABLES, FL 33134

Title: DVP ( ) Delete  
Name: CAMACHO DE CORREIA, MARIA E  
Address: 2655 LE JEUNE ROAD #309  
City-St-Zip: CORAL GABLES, FL 33134

Title: DS ( ) Delete  
Name: CAMACHO DE CORREIA, SYBEL  
Address: 2655 LE JEUNE ROAD #309  
City-St-Zip: CORAL GABLES, FL 33134

Title: DT ( ) Delete  
Name: CAMACHO DE CORREIA, TAMARA  
Address: 2655 LE JEUNE ROAD #309  
City-St-Zip: CORAL GABLES, FL 33134

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MANUEL DA SILVA CORREIA

P

02/26/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date