

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000017143

FILED
Aug 29, 2008
Secretary of State

Entity Name: A&R ALCORTA & ROSALES DESIGN GROUP, INC.

Current Principal Place of Business:

3803 ESTEPONA AVE
DORAL, FL 33178 US

New Principal Place of Business:

2550 NW 72 AVENUE
SUITE 205
MIAMI, FL 33122 US

Current Mailing Address:

3803 ESTEPONA AVE
DORAL, FL 33178

New Mailing Address:

2550 NW 72 AVENUE
SUITE 205
MIAMI, FL 33122

FEI Number: 20-4257568

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALCORTA, ADOLFO P
3803 ESTEPONA AVE
DORAL, FL 33178 US

Name and Address of New Registered Agent:

ALCORTA, ADOLFO
2550 NW 72 AVENUE
SUITE 205
MIAMI, FL 33122 US

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: ADOLFO ALCORTA

08/29/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ALCORTA, ADOLFO P
Address: 3803 ESTEPONA AVE
City-St-Zip: DORAL, FL 33178

Title: VP () Delete
Name: ROSALES, MARIA A
Address: 3803 ESTEPONA AVE
City-St-Zip: DORAL, FL 33178

Title: S (X) Delete
Name: ALCORTA, MARIA A
Address: 3803 ESTEPONA AVE
City-St-Zip: DORAL, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: ALCORTA, ADOLFO
Address: 2550 NW 72 AVENUE, SUITE 205
City-St-Zip: MIAMI, FL 33122

Title: VPS (X) Change () Addition
Name: ROSALES, MARIA A
Address: 2550 NW 72 AVENUE, SUITE 205
City-St-Zip: MIAMI, FL 33122

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: ADOLFO ALCORTA

PT

08/29/2008

Electronic Signature of Signing Officer or Director

Date