

**FILED**  
**Apr 14, 2008 08:00 A**  
**Secretary of State**

1. Entity Name  
**ALFA & OMEGA SERVICES, INC.**



**Mailing Address**  
**11210 SW 188 STREET**  
**MIAMI, FL 33157**

**DO NOT WRITE IN THIS SPACE**



03142008 No Chg-P CR2E034 (11/05)

Applied For
Not Applicable

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

HERNANDEZ, JOSE N  
11210 SW 188 STREET  
MIAMI, FL 33157

**DO NOT WRITE  
IN THIS SPACE**

SIGNATURE \_\_\_\_\_

(NOTE: Registered Agent signature required when reinstating)

~~1000000-DATE~~

~~04/24/00 00001 002 150.00~~

**\$5.00** May Be  
Added to Fees

TITLE	P
NAME	HERNANDEZ, JOSE N
STREET ADDRESS	11210 SW 188 STREET
CITY-ST-ZIP	MIAMI, FL 33157

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_

4/12/08