2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 25, 2007 8:00 am Secretary of State 05-02-2007 90041 022 ***150.00

1. Entity Nam	MENT # P06000095 alfaro, p.a.				05-02-200	9004	1 022 ***	150.00	
Principal Place of Business 8700 WEST FLAGLER STREET SUITE 305 MIAMI, FL 33174		Mailing Address 8700 WEST FLAGLER STREET SUITE 305 MIAMI, FL 33174				PPATROSS			
Principal Place of Business - No P.O. Box # 3. Mailing Address						H ELRA EM EMA ELA ELA ELA ELA ELA ELA ELA ELA ELA EL			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03132007	Chg-P	CR2	E034 (12/06)	1
City & State		City & State			4. FEI Numt	5-5239°	101		ppeed For ot Applicable
Zip	Country	Zip	Coun	try	5. Certificate	of Status Desired		\$8.75 Ad	
6. Name and Address of Current Registered Agent				Name	7. Name and	Address of New	Registere	d Agent	
ALFARO, 8700 WES SUITE,309				(P.O. Box Numb	per is Not Acceptab	ole)			
MIAMI, FL				<u>-</u>					
				City			F	_	
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: Signature, types or printed name of requirement agent and little if applicables. (NOTE: Registered Agent algorithms required when remaining) DATE									
FILE NOWIII FEE IS \$150,00 After May 1, 2007 Fee will be \$550,00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.									
10.	OFFICERS AND	DIRECTORS Delete	11.		ADDITIONS	CHANGES TO OF	FICERS A		
NAME STREET ADDRESS CITY-57-ZIP	ALFARO, NELSON 8700 WEST FLAGLER STREET SUITE 305							☐ Change	Addition
TITLE		☐ Delete	IIILE	1				Change	Addition
MAME STREET ADDRESS CITY+ST-EIP				ET ADDRESS S1-72P					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ET ADDRESS				☐ Change	Addition		
TITLE NAME STREET ADDRESS	<u> </u>	□ Delete	TITLE NAME STREE	l l				Change	Addition
CITY-ST-ZIP		☐ Detate	CULA-	S1-2IP		-		Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP			- 1	ET ADDRESS S1-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZP		☐ Delete		1				☐ Change	Addition
12. I hereby certify that the information supplied with this fitting does not quality for the exemptions contained in Chapter 3.19. Florida Statutes, I further certify that the information indicated on this report or supplemental report if true and accurate and that my signature shall have the same legal effect as if made under path, that I am an office 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: 4/2010 7 SIGNATURE AND TYPED OR PRINTED NAME BY BIGNESS OFFICER ON DIRECTOR DATE OF THE CONTROL OF T									

ATTACHMENT

IRS DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE P.O. BOX 9003 HOLTSVILLE NY 11742-9003

002551.306192.0008.001 2 MB 0.563 1010

P04000095813

Date of this notice: 07-27-2006

Employer Identification Number: 20-5239901

Form: SS-4

Number of this notice: CP 575 A

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB OF THIS NOTICE.



NELSON ALFARO P A 8700 WEST FLAGLER STREET SUITE 305 MIAMI FL 33174

002551

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 20-5239901. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label we provided. If this isn't possible, it is very important that you use your EIN and complete name and address exactly as shown above on all federal tax forms, payments and related correspondence. Any variation may cause a delay in processing, result in incorrect information in your account or even cause you to be assigned more than one EIN. If the information isn't correct as shown above, please correct it using tear off stub from this notice and return it to us so we can correct your account.

Based on the information from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1120

03/15/2007

If you have questions about the form(s) or the due dates(s) shown, you can call or write to us at the phone number or address at the top of the first page of this letter. If you need help in determining what your tax year is, see Publication 536, Accounting Periods and Methods, available at your local IRS office or you can download this Publication from our Web site at www.irs.gov.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination on your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1,2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue.)