

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000095813

FILED  
Apr 29, 2010  
Secretary of State

Entity Name: NELSON ALFARO, P.A.

## Current Principal Place of Business:

2100 PONCE DE LEON BLVD.  
SUITE 1180  
CORAL GABLES, FL 33134 US

## New Principal Place of Business:

4000 PONCE DE LEON BLVD.  
SUITE 470  
CORAL GABLES, FL 33146 US

## Current Mailing Address:

2100 PONCE DE LEON BLVD.  
SUITE 1180  
CORAL GABLES, FL 33134 US

## New Mailing Address:

4000 PONCE DE LEON BLVD.  
SUITE 470  
CORAL GABLES, FL 33146 US

FEI Number: 20-5239901

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALFARO, NESON  
2100 PONCE DE LEON BLVD.  
SUITE 1180  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

ALFARO, NESON  
4000 PONCE DE LEON BLVD.  
SUITE 470  
CORAL GABLES, FL 33146 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:

04/29/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P  
Name: ALFARO, NELSON  
Address: 4000 PONCE DE LEON BLVD. SUITE 470  
City-St-Zip: CORAL GABLES, FL 33146

I hereby 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 all other like empowered.

SIGNATURE: NELSON ALFARO

P

04/29/2010

Electronic Signature of Signing Officer or Director

Date