

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90380 031 ***150.00

DOCUMENT # P07000067139 1. Entity Name ALFAOMEGAMIAMI INT'L CORP																											
Principal Place of Business 19700 NW 4TH ST 101 SUNRISE, FL 33325 US		Mailing Address 19700 NW 4TH ST 101 SUNRISE, FL 33325 US																									
2. Principal Place of Business No P.O. Box # 5035 PALM AVE Suite, Apt. #, etc.		3. Mailing Address 5035 PALM AVE Suite, Apt. #, etc.																									
City & State MIAMI, FL Zip 33012 Country US		City & State MIAMI, FL Zip 33012 Country US																									
4. FEI Number 26-0329895		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent ROJAS, JORGE A 700 TULIP CIRCLE WESTON, FL 33327		7. Name and Address of New Registered Agent Name ROJAS, JORGE A. Street Address (P.O. Box Number is Not Acceptable) 3450 PINELAKE DR. N. #418 City MARGATE FL Zip Code 33063																									
8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 2px;"> TITLE PS NAME ROJAS, JORGE A STREET ADDRESS 700 TULIP CIRCLE CITY-ST-ZIP WESTON, FL 33327 </td> <td style="width: 20%; padding: 2px; text-align: center;"> <input type="checkbox"/> Delete </td> </tr> <tr><td style="height: 40px;"></td><td style="text-align: center;"><input type="checkbox"/> Delete</td></tr> <tr><td style="height: 40px;"></td><td style="text-align: center;"><input type="checkbox"/> Delete</td></tr> <tr><td style="height: 40px;"></td><td style="text-align: center;"><input type="checkbox"/> Delete</td></tr> <tr><td style="height: 40px;"></td><td style="text-align: center;"><input type="checkbox"/> Delete</td></tr> <tr><td style="height: 40px;"></td><td style="text-align: center;"><input type="checkbox"/> Delete</td></tr> </table>		TITLE PS NAME ROJAS, JORGE A STREET ADDRESS 700 TULIP CIRCLE CITY-ST-ZIP WESTON, FL 33327	<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 2px;"> TITLE PS NAME ROJAS, JORGE A. STREET ADDRESS 3450 PINELAKE DR. N. #418 CITY-ST-ZIP MARGATE, FL 33063 </td> <td style="width: 20%; padding: 2px; text-align: center;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td style="height: 40px;"></td><td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="height: 40px;"></td><td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="height: 40px;"></td><td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="height: 40px;"></td><td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="height: 40px;"></td><td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> </table>		TITLE PS NAME ROJAS, JORGE A. STREET ADDRESS 3450 PINELAKE DR. N. #418 CITY-ST-ZIP MARGATE, FL 33063	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Jorge Rojas</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>04/24/08</u> Daytime Phone # <u>(954) 6556087</u>																									