

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000060929

FILED
Mar 14, 2011
Secretary of State

Entity Name: A.F. ORCHID GROVE 617, INC.

Current Principal Place of Business:

2121 PONCE DE LEON BLVD., STE. 1050
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2121 PONCE DE LEON BLVD., STE. 1050
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 26-2860558

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONSULTING SERVICES OF SOUTH FLORIDA, INC.
2121 PONCE DE LEON BLVD., STE. 1050
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PSD
Name: ALVAREZ, CAMILO
Address: 2121 PONCE DE LEON BLVD., STE. 1050
City-St-Zip: CORAL GABLES, FL 33134

Title: VTD
Name: FUGUET, DESIREE
Address: 2121 PONCE DE LEON BLVD., STE. 1050
City-St-Zip: CORAL GABLES, FL 33134

Title: D
Name: ALVAREZ, JENNIFER
Address: 2121 PONCE DE LEON BLVD., STE. 1050
City-St-Zip: CORAL GABLES, FL 33134

Title: D
Name: FUGUET, JEAN C.
Address: 2121 PONCE DE LEON BLVD., STE. 1050
City-St-Zip: CORAL GABLES, FL 33134

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: CAMILO ALVAREZ

PSD

03/14/2011

Electronic Signature of Signing Officer or Director

Date