


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 08:00 AM
Secretary of State

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| DOCUMENT # P97000062855 |  |
| 1. Entity Name ALEJO, ROS, ENTERPRISES, INC. | |

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| Principal Place of Business 13234 SW 8TH STREET MIAMI, FL 33184 | Mailing Address 13329 NW 5TH TERR MIAMI, FL 33182 |
|---|---|

\$158.75



01112007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 65-0777282 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**ALEJO, ESTHER
13234 SW 8TH STREET
MIAMI, FL 33184**

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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 _____


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|---|--|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000586770 01/17/07-80007-008 158.75 |
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10. OFFICERS AND DIRECTORS

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|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP ALEJO, ESTHER 13329 NW 5TH TERRACE MIAMI, FL 33182 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV ROS, VIOLETA 13329 NW 5TH TERRACE MIAMI, FL 33182 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S NEGRON, ELIZABETH 631 NW 134TH AVE MIAMI, FL 33182 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| 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 807, 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 **Esther Alejo** Date **1-11-07** Daytime Phone # **305-559-5937**