

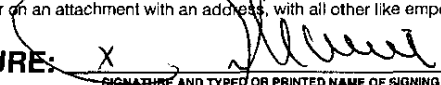


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90026 003 ***150.00

DOCUMENT # P99000044340 1. Entity Name ALFA ARCHITECTURE & DESIGN, INC.					
Principal Place of Business 1001 BRICKELL BAY DRIVE SUITE 2014 MIAMI, FL 33131			Mailing Address 1001 BRICKELL BAY DRIVE SUITE 2014 MIAMI, FL 33131		
2. Principal Place of Business 3059 GRAND AVENUE Suite, Apt. #, etc. SUITE #330		3. Mailing Address 3059 GRAND AVENUE Suite, Apt. #, etc. SUITE #330		94047230	
City & State MIAMI, FL		City & State MIAMI, FL		4. FEI Number 65-0922841	
Zip 33133		Country DADE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARCIA, MARLENE 1001 BRICKELL BAY DRIVE SUITE 2014 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name ANGEL D. CORDOVA Street Address (P.O. Box Number is Not Acceptable) 780 NW 42 AVENUE #416 MIAMI, City MIAMI	
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, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)	
SIGNATURE 				DATE 4/6/04	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ATENCIO, MARIA DEFATIMA 1001 BRICKELL BAY DRIVE SUITE 2014 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ATENCIO, MARIA DEFATIMA 3059 GRAND AVENUE SUITE #330 MIAMI, FL 33133	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ATENCIO, ALFREDO 1001 BRICKELL BAY DR #2014 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ATENCIO, ALFREDO 3059 GRAND AVENUE SUITE #330 MIAMI, FL 33133	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			ALFREDO ATENCIO		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4/6/04 Daytime Phone #		