


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000044340 1. Entity Name ALFA ARCHITECTURE & DESIGN, INC.	
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Principal Place of Business 3059 GRAND AVE SUITE #330 MIAMI, FL 33133	Mailing Address 3059 GRAND AVE SUITE #330 MIAMI, FL 33133
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CORDOVA, ANGEL D 780 NW 42ND AVE #416 MIAMI, FL 33126	DO NOT WRITE IN THIS SPACE
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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.

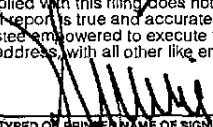
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000235143 04/09/05-80016-004 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ATENCIO, MARIA DEFATIMA 3059 GRAND AVE SUITE #330 MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ATENCIO, ALFREDO 3059 GRAND AVE SUITE #330 MIAMI, FL 33133
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: X  **ALFREDO ATENCIO, PRES.** 3/25/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #