

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000090239

Entity Name: ALFA-GL, INC.

FILED
May 02, 2005
Secretary of State

Current Principal Place of Business:

165 MADERIA AVE
SUITE #7
CORAL GABLES, FL 33134

New Principal Place of Business:

7915 NW 20TH ST
PEMBROKE PINES, FL 33024

Current Mailing Address:

7915 NW 20TH ST
PEMBROKE PINES, FL 33024

New Mailing Address:

FEI Number: 65-0953787 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

AGUIRRE, GABRIEL
7915 NW 20TH STREET
HOLLYWOOD, FL 33024 US

Name and Address of New Registered Agent:

AGUIRRE, GABRIEL
7915 NW 20TH STREET
PEMBROKE PINES, FL 33024 US

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: _____

05/02/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: AGUIRRE, GABRIEL
Address: 7915 NW 20TH STREET
City-St-Zip: HOLLYWOOD, FL 33029

Title: V (X) Delete
Name: RODRIGUEZ, RICARDO
Address: 165 MADERIA AVE
City-St-Zip: CORAL GABLES, FL 33134

Title: T (X) Delete
Name: AGUIRRE, FERNANDO
Address: 7915 NW 20TH STREET
City-St-Zip: HOLLYWOOD, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: GABRIEL AGUIRRE

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05/02/2005

Electronic Signature of Signing Officer or Director

Date