


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 08:00 AM
Secretary of State

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| DOCUMENT # 434673 1. Entity Name ALPINE MOTORS, INC. |  |
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| Principal Place of Business 6606 NORTH ANDREWS AVE. FORT LAUDERDALE, FL 33309 | Mailing Address 6606 NORTH ANDREWS AVE. FORT LAUDERDALE, FL 33309 |
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01282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 59-1492081 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

ULBRICH, JOHN
 6606 NORTH ANDREWS AVE.
 FT. LAUDERDALE, FL 33309

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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. **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD ULBRICH, JOHN O 1645 S. OCEAN LANE FT. LAUDERDALE, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD ULBRICH, MARC A. 3300 NO. PORT ROYALE FT. LAUDERDALE, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | ST STORCH, ANDREW H 5944 NW 56TH DRIVE CORAL SPRINGS, FL 33067 |
| 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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 02/01/05-80034-002 158.75

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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 reports 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: Secretary Date: 1/28/05 Daytime Phone #: 954-598-7900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR