


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 08:00 A
Secretary of State

DOCUMENT # 434673
 1. Entity Name
ALPINE MOTORS, INC.



Principal Place of Business
**6606 NORTH ANDREWS AVE.
 FORT LAUDERDALE, FL 33309**

Mailing Address
**6606 NORTH ANDREWS AVE.
 FORT LAUDERDALE, FL 33309**



03132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1492081 Applied For
 Not Applicable

5. Certificate of Status Desired **\$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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000476469
 04/06/06-80011-015 158.75

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ULBRICH, JOHN O
STREET ADDRESS	1645 S. OCEAN LANE
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	VD
NAME	ULBRICH, MARC A.
STREET ADDRESS	3300 NO. PORT ROYALE
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	ST
NAME	STORCH, ANDREW H
STREET ADDRESS	5944 NW 56TH DRIVE
CITY-ST-ZIP	CORAL SPRINGS, FL 33067
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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 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 Andrew Storch **3/13/06** **954 598-7900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #