

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000076666

FILED
Apr 26, 2005
Secretary of State

Entity Name: ALPHA BEHAVIOR CONSULTANTS, CORP.

Current Principal Place of Business:

10305 NW 41ST STREET
205
MIAMI, FL 33178

New Principal Place of Business:

2765 NW 79 AVENUE
DORAL, FL 33122

Current Mailing Address:

10305 NW 41ST STREET
205
MIAMI, FL 33178

New Mailing Address:

2765 NW 79 AVENUE
DORAL, FL 33122

FEI Number: 65-1127257

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CABEZA, NIMIA C
12740 NW 11TH STREET
MIAMI, FL 33182 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CABEZA, NIMIA C
Address: 10305 NW 41ST STREET
City-St-Zip: MIAMI, FL 33182

Title: DS () Delete
Name: DIAZ, JUAN R
Address: 4730 NW 102 AVE APT.207
City-St-Zip: MIAMI, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: NIMIA CAROLINA CABEZA

DIRE

04/26/2005

Electronic Signature of Signing Officer or Director

_____ Date