


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90047 015 ***150.00

DOCUMENT # P02000002894

1. Entity Name
ALPHAPAC A MARKETING COMPANY



Principal Place of Business Mailing Address
5009 GRANDADA BLVD **5009 GRANDADA BLVD**
MIAMI FL 33146 **MIAMI FL 33146**

2. Principal Place of Business 3. Mailing Address
4463 SW 71 AVE **SAME**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
MIAMI FL **MIAMI FL**

Zip Country Zip Country
33155 **DADE** **33155** **DADE**



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent
AGUILAR, MARIO J
5800 SW 85 ST
MIAMI FL 33143

4. FEI Number Applied For
02-0563777 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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]* **MARIO J. Aguilar** **1/28/05**
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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PS	<input type="checkbox"/> Delete
NAME	AGUILAR, MARIO	
STREET ADDRESS	5009 GRANDADA BLVD	
CITY-ST-ZIP	MIAMI FL 33146	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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: *[Signature]* **MARIO J. Aguilar** **786 268-9998**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 1/28/05 Daytime Phone #