


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90030 003 ***150.00

DOCUMENT # P02000024831
 1. Entity Name
 ALPHA BETA APPAREL, INC.



Principal Place of Business Mailing Address
 C/O THOMAS J. SKOLA SKOLA
~~501 BRICKELL KEY DRIVE~~
 MIAMI, FL 33131
 C/O THOMAS J. SKOLA SKOLA
~~501 BRICKELL KEY DRIVE~~
 MIAMI, FL 33131

94031598



2. Principal Place of Business 3. Mailing Address
 1001 BRICKELL BAY DR. 1001 BRICKELL BAY DR.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 1508 1508

01192004 Chg-P CR2E034 (10/03)

City & State City & State
 MIAMI FL MIAMI FL

4. FEI Number Applied For
 02-0575871 Not Applicable

Zip Country Zip Country
 33131 USA 33131 USA

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

6. Name and Address of Current Registered Agent
 SKOLA, THOMAS J
~~501 BRICKELL KWAY DR., STE 002~~ →
 MIAMI, FL 33131

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 1001 BRICKELL BAY DR., Suite 1508
 City miami FL Zip Code 33131

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: *Thomas J. Skola* DATE: 3/8/2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	AEDO, MARIO A	
STREET ADDRESS	8407 NW 68 ST.	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE	S	<input type="checkbox"/> Delete
NAME	SKOLA, THOMAS J	
STREET ADDRESS	501 BRICKELL KEY DR., STE 002	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	AEDO, MARIO J	
STREET ADDRESS	8407 NW 68 ST.	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE	D	<input type="checkbox"/> Delete
NAME	AEDO, ANA MARIA	
STREET ADDRESS	8407 NW 68 ST.	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE	D	<input type="checkbox"/> Delete
NAME	BANENS, TANIA C	
STREET ADDRESS	8407 NW 68 ST.	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE	D	<input type="checkbox"/> Delete
NAME	BANENS, ANTOINETTE	
STREET ADDRESS	8407 NW 68 ST.	
CITY-ST-ZIP	MIAMI, FL 33166	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1001 BRICKELL BAY DR., suite 1508
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *Thomas J. Skola* DATE: 3/12/04 DAYTIME PHONE #: 305-599-8572
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR