

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT


Amended

06 MAR 13 11 08:39

STATE OF FLORIDA
TALLAHASSEE

DOCUMENT # P02000024831

1. Entity Name
ALPHA BETA APPAREL, INC.



Principal Place of Business
**8407 NW 68 STREET
MIAMI, FL 33166**

Mailing Address
**8407 NW 68 STREET
MIAMI, FL 33166**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number
02-0575871

Applied For
 Not Applicable

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



11/051

6. Name and Address of Current Registered Agent

**SKOLA, THOMAS J
1001 BRICKELL BAY DR.
STE. 1508
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name **SKOLA, THOMAS J.**

Street Address (P.O. Box Number is Not Acceptable)
100 Southeast Second Street, Suite 3300

City **MIAMI** FL **33131-2148**

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* (NOTE: Registered Agent signature required when reinstating.) DATE: **2/8/06**

Amended AR is \$61.25

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	PTD AEDO, MARIO A 8407 NW 68 ST. MIAMI, FL 33166 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SKOLA, THOMAS J 1001 BRICKELL BAY DR., STE. 1508 MIAMI, FL 33131 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AEDO, MARIO J 8407 NW 68 ST. MIAMI, FL 33166 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AEDO, ANA MARIA 8407 NW 68 ST. MIAMI, FL 33166 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100068113831 03/20/06--01030--023 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SKOLA, THOMAS J. 100 Southeast Second Street, Suite 3300 MIAMI, FL 33131-2148 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Mario A. Aedo* **MARIO A. AEDO, PRES.** DATE: **2/13/06** DAYTIME PHONE # **305-599-8542**

Mitchell MAR 15 2006