

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000024831

FILED
Jan 12, 2009
Secretary of State

Entity Name: ALPHA BETA APPAREL, INC.

Current Principal Place of Business:

11454 NW 83 WAY
MIAMI, FL 33178

New Principal Place of Business:

Current Mailing Address:

11454 NW 83 WAY
MIAMI, FL 33178

New Mailing Address:

FEI Number: 02-0575871

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SKOLA, THOMAS J
100 SOUTHEAST SECOND STREET
SUITE 3300
MIAMI, FL 331312148 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: PTD () Delete
Name: AEDO, MARIO A
Address: 11454 NW 83 WAY
City-St-Zip: MIAMI, FL 33178

Title: S () Delete
Name: SKOLA, THOMAS J
Address: 100 SOUTHEAST SECOND STREET, SUITE 3300
City-St-Zip: MIAMI, FL 331312148

Title: D () Delete
Name: AEDO, MARIO J
Address: 8740 SW 53 STREET
City-St-Zip: MIAMI, FL 33165

Title: D () Delete
Name: AEDO, ANA MARIA
Address: 8740 SW 83 STREET
City-St-Zip: MIAMI, FL 33165

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 exemption stated 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 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: MARIO AEDO

P

01/12/2009

Electronic Signature of Signing Officer or Director

_____ Date