

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90038 020 \*\*\*150.00

**DOCUMENT # P03000032884**

1. Entity Name  
**ALPHA BROKERS CONSULTANTS, INC.**



Principal Place of Business  
**7001 BW 25TH STREET SUITE 600  
MIAMI, FL 33132**

Mailing Address  
**7001 BW 25TH STREET SUITE 600  
MIAMI, FL 33132**

2. Principal Place of Business  
**2875 NW 82 Ave**  
Suite, Apt. #, etc.

3. Mailing Address  
**2875 NW 82 Ave**  
Suite, Apt. #, etc.



01062004 Chg-P CR2E034 (10/03)

City & State  
**Miami, FL**  
Zip  
**33122**  
Country  
**USA**

City & State  
**Miami FL 33122**  
Zip  
**33122**  
Country  
**USA**

4. FEI Number  
**30-0184005**  
Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**LOZANO, SERGIO S  
7001 BW 25TH STREET SUITE 600  
MIAMI, FL 33132**

**7. Name and Address of New Registered Agent**

Name  
**Sergio S. Lozano**  
Street Address (P.O. Box Number is Not Acceptable)  
**13411 SW 34 ST**  
City  
**Miami** FL Zip Code  
**33175**

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] (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	LOZANO, SERGIO S	
STREET ADDRESS	7001 BW 25TH STREET SUITE 600	
CITY-ST-ZIP	MIAMI, FL 33132	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lozano, Sergio S	
STREET ADDRESS	13411 SW 34 ST	
CITY-ST-ZIP	Miami, FL 33175	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dolores Lozano	
STREET ADDRESS	13411 SW 34 ST	
CITY-ST-ZIP	Miami, FL 33175	
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/04

(305) 463-7500

Date Daytime Phone #