2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 09, 2007 08:00 AM Secretary of State

ANNUAL REPURT					Secretary of State			
DOCU	IMENT # P03000045		Secretary of Stat					
1. Entity Nar	ne							
ALPHACOSTA INVESTMENTS, CORP.								
Principal Plac	ce of Business	Mailing Address	+ 	-			* .	
9728 SW 24	4TH ST	9728 SW 24TH ST	** *= =					
MIAMI, FL 3	33165	MIAMI, FL 331 6 5	-					
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L	OO NOT WRITE	IN THIS SPA	S SPACE		er .		Applied For	
				14-188	2204	 -	Not Applicabl	
				5. Certificate	of Status Desired		75 Additional Required	
	6. Name and Address of Current R	egistered Agent			3.00	*** <u> </u>		
ACCOUNT	A1 INIA		T					
ACOSTA, ALINA 9728 SW 24TH ST			1	DO	NOT W	RITE		
MIAMI, FL 33165				IN T	THIS SF	MCE		
				117	i i iio or	AUL		
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	e named entity submits this statement for I	he purpose of changing its regist	ered office or register	red agent, or bo	th, in the State of Fig	orida. i am lamil	iar with, and accep	
ine obliga	tions of registered agent.			-				
SIGNATURE.	Signature, typed or printed name of registered agent an	The affections it shit t	ered Agent signature required	d when reinstation)		DÁTE		
					LOCOO			
FIL	E NOW!!! FEE IS \$150.00				.00 May Be U00000628704 ed to Fees 02/16/07-80027-023 150			
After M	lay 1, 2007 Fee will be \$550.00) trust rung Contibutio	n, 🗀 Add	led to Fees	OF TO O	00021 0	23 150.00	
10.	ÖFFICERS AND D	RECTORS						
TITLE NAME	DP ACOSTA, ALINA A			-				
STREET ADDRESS	1	•	1					
City-ST-ZIP	MIAMI, FL 33165							
TITLE	DV	A 7	0-00 · 0	***			e ,	
NAME	ACOSTA, EDUARDO							
STREET ADDRESS CITY-ST-ZIP	} -,,_,		1					
 	MIAMI, FL 33165		-					
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12. Thereby certify that the Information supplied with this filling 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 path; that I am an officer or director of the corporation or the receiver or trustee empowered by 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 profine like empowered.

SIGNATURE: L

NAME STREET ADDRESS CITY-ST-ZIP

E AND THE DOWN PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15/m 16/07

Caylina Phone V