


FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90392 004 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000112542			
1. Entity Name ALTERNA CAPITAL CORP.			
Principal Place of Business 6600 N. ANDREWS AVENUE SUITE 130 FORT LAUDERDALE, FL 33309		Mailing Address 6600 N. ANDREWS AVENUE SUITE 130 FORT LAUDERDALE, FL 33309	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
COULTAS, ROBERT 1401 BRICKELL AVENUE SUITE 825 MIAMI, FL 33131		Name William L. Rafferty, Jr., Esq. Street Address (P.O. Box Number is Not Acceptable) Rafferty, Stolzenberg Gelles et al 1401 Brickell Avenue, Suite 825 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 <i>William L. Rafferty, Jr.</i>		William L. Rafferty, Jr., Esq. <i>4/25/08</i>	
Signature, typed or printed name of registered agent, and title, if applicable.		(NOTE: Registered Agent signature required when reappointing) DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS KONRAD, ROBERT L 6600 N. ANDREWS AVENUE, SUITE 130 FORT LAUDERDALE, FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Robert L. Konrad</i>		<i>4/22/08</i> (954) 703-2020	
Signature and typed or printed name of signing officer or director		Date Daytime Phone #	

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04222008 Chg-P CR2E034 (12/06)

4. FEI Number 20-0292923 Applied For Not Applicable

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