


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P04059 1. Entity Name ALPHATUR N.V., CORPORATION	
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Principal Place of Business PENTHOUSE 888 BRICKELL AVE. MIAMI, FL 33131	Mailing Address PENTHOUSE 888 BRICKELL AVE. MIAMI, FL 33131
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DO NOT WRITE IN THIS SPACE

02072005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2463614	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HASSAN, MF
888 BRICKELL AVE
PH
MIAMI, FL 33131**

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEZERHANE, MASHUD PENTHOUSE 888 BRICKELL MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PEDRIQUE, JOSE A PENTHOUSE 888 BRICKELL MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A HASSAN, MOSTAFA F 888 BRICKELL AVENUE MIAMI, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/09/05-80030-019 158.75

**DO NOT WRITE
IN THIS SPACE**

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: M. F. Hassan 2-07-05 (305) 871-3001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #