

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000048361

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** ALPHA BETA INSURANCE CORPORATION

**Current Principal Place of Business:**

7954 PINES BLVD.  
PEMBROKE PINES, FL 33024 US

**New Principal Place of Business:**

**Current Mailing Address:**

7954 PINES BLVD.  
PEMBROKE PINES, FL 33024 US

**New Mailing Address:**

FEI Number: 20-2662199

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WALKER, CARL C  
7954 PINES BLVD  
PEMBROKE PINES, FL 33024 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

**OFFICERS AND DIRECTORS:**

Title: DIR  
Name: WALKER, CARL C  
Address: 4943 SW 122ND TERR  
City-St-Zip: COOPER CITY, FL 33330

Title: DIR  
Name: WALKER, CAROL A  
Address: 4943 SW 122ND TERR  
City-St-Zip: COOPER CITY, FL 33330

I hereby 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 all other like empowered.

SIGNATURE: CARL WALKER

DIR

04/26/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date