


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # P06000067285
 1. Entity Name
 ALPHA SIERRA CORPORATION



Principal Place of Business 90 WEST 20TH STREET HIALEAH, FL 33010	Mailing Address 90 WEST 20TH STREET HIALEAH, FL 33010
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DO NOT WRITE IN THIS SPACE



04162008 No Chg-P CR2E034 (11/05)

4. FEI Number 51-0584204	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ALTAMIRANO, RAFAEL
 90 WEST 20TH STREET
 HIALEAH, FL 33010

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

05/07/08-80094-005 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALTAMIRANO, RAFAEL 2760 W 62 PL #203 HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALTAMIRANO, ROSAURA 2760 W 62 PL #203 HIALEAH, FL 33016
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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 Addendum, with all other like empowered.

SIGNATURE:  **4-16-08 (305) 698-9303**
Signature and typed or printed name of signing officer or director Date Daytime Phone #