

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000004711

Entity Name: ALPHA THERAPY, INC.

FILED
Apr 04, 2011
Secretary of State

Current Principal Place of Business:

20379 W COUNTRY CLUB DRIVE
APT 537
AVENTURA, FL 33180 US

New Principal Place of Business:

Current Mailing Address:

18999 BISCAYNE BLVD
STE 205
AVENTURA, FL 33180 US

New Mailing Address:

FEI Number: 90-0438583 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALFIE, DEBORA I
20379 W COUNTRYCLUB DRIVE
APT 537
AVENTURA, FL 33180 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: P
Name: ALFIE, DEBORA I
Address: 20379 W COUNTRY CLUB DRIVE, APT 537
City-St-Zip: AVENTURA, FL 33180 US

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: DEBORAH I ALFIE

P

04/04/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date