

**2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Mar 11, 2005  
Secretary of State**

DOCUMENT# P97000015136

Entity Name: ALPHA AUTO TITLE LOAN, INC.

**Current Principal Place of Business:**

16635 S DIXIE HWY  
MIAMI, FL 33157 US

**New Principal Place of Business:**

**Current Mailing Address:**

16635 S DIXIE HWY  
MIAMI, FL 33157 US

**New Mailing Address:**

FEI Number: 65-0728450      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

FELDMAN, JAMES R  
10350 SW 107TH TER  
MIAMI, FL 33176 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: VP ( ) Delete  
Name: FELDMAN, JAMES R  
Address: 11635 S DIXIE HWY  
City-St-Zip: MIAMI, FL 33157

Title: P ( ) Delete  
Name: FELDMAN, STACEY  
Address: 16635 S DIXIE HWY  
City-St-Zip: MIAMI, FL 33157

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VP (X) Change ( ) Addition  
Name: CARLISLE, KEVIN M  
Address: 16635 S DIXIE HWY  
City-St-Zip: MIAMI, FL 33157

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: STACEY FELDMAN

P

03/11/2005

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

\_\_\_\_\_  
Date