


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90272 038 ***158.75

DOCUMENT # V34581
 1. Entity Name
ALPHA BEACH RESORT, INC.



Principal Place of Business Mailing Address
655 SOUTH GULFVIEW BLVD **655 SOUTH GULFVIEW BLVD**
CLEARWATER, FL 33767 US **CLEARWATER, FL 33767 US**

94054163



2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

04012004 Chg-P CR2E034 (10/03)

City & State City & State

4. FEI Number **59-3121580** Applied For Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
GINEZ, STEPHAN
655 SOUTH GULFVIEW BOULEVARD
SUITE 501
CLEARWATER, FL 33767

7. Name and Address of New Registered Agent
 Name **KENNETH M. LANCASTER, CPA**
 Street Address (P.O. Box Number is Not Acceptable)
50 WEST MASHTA DRIVE, #6
 City **KEY BISCAIYNE** FL Zip Code **33149**

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 *Kenneth M. Lancaster* DATE 4-13-04
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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DPDT	<input type="checkbox"/> Delete
NAME	GINEZ, ALFRED	
STREET ADDRESS	655 S. GULFVIEW BLVD.	
CITY-ST-ZIP	CLEARWATER BEACH, FL 33767	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	GINEZ, STEPHANE L	
STREET ADDRESS	1829 MICHIGAN AVE.	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	CHARPIE, CAROLINE	
STREET ADDRESS	1721 SUNSET DR	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GINEZ, OLIVER	
STREET ADDRESS	1651 SAND KEY ESTATES CT, #54	
CITY-ST-ZIP	CLEARWATER, FL 33767	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	(same)	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Alfred Ginez* DATE 04/10/04 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ALFRED GINEZ, PRESIDENT