

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V34581

**FILED**  
**Apr 28, 2009**  
**Secretary of State**

**Entity Name:** ALPHA BEACH RESORT, INC.

**Current Principal Place of Business:**

C/O KENNETH M. LANCASTER, 50 W. MASHTA DR  
#6  
KEY BISCAYNE, FL 33149 US

**Current Mailing Address:**

C/O KENNETH M. LANCASTER, 50 W. MASHTA DR  
#6  
KEY BISCAYNE, FL 33149 US

**FEI Number:** 59-3121580

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LANCASTER, KENNETH M CPA  
50 WEST MASHTA DR #6  
KEY BISCAYNE, FL 33149 US

**New Principal Place of Business:**

C/O LANCASTER & REED, LLC  
50 W. MASHTA DR., SUITE 6  
KEY BISCAYNE, FL 33149 US

**New Mailing Address:**

C/O LANCASTER & REED, LLC  
50 W. MASHTA DR., SUITE 6  
KEY BISCAYNE, FL 33149 US

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

REED, RICHARD A CPA  
50 WEST MASHTA DR., SUITE 6  
KEY BISCAYNE, FL 33149 US

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: RICHARD REED

04/28/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PST ( ) Delete  
Name: GINEZ, ALFRED  
Address: 50 WEST MASHTA DRIVE, #6  
City-St-Zip: KEY BISCAYNE, FL 33149

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ALFRED GINEZ

PST

04/28/2009

Electronic Signature of Signing Officer or Director

Date