

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000009137

**Entity Name:** ALPHA FLITE INC.

**Current Principal Place of Business:**

13506 SUMMERPORT VILLAGE PKY, SUITE 355  
WINDERMERE, FL 34786

**Current Mailing Address:**

13506 SUMMERPORT VILLAGE PKY, SUITE 355  
WINDERMERE, FL 34786 US

**FEI Number:** 85-3071713

**Certificate of Status Desired:** No

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

UNITED STATES CORPORATION AGENTS, INC.  
476 RIVERSIDE AVE.  
JACKSONVILLE, FL 32202 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            RICARDO CUMBERBATCH  
Address        11014 HAWKSHEAD COURT  
City-State-Zip: WINDERMERE FL 34786

Title            DIRECTOR  
Name            AYALA, FRANK ESQ.  
Address        1210 CROES AVE.  
                  #4F  
City-State-Zip: BRONX NY 10472

Title            TREASURER  
Name            RICHARD SIMMONS  
Address        3 CEDAR BROOK DRIVE  
City-State-Zip: SOMERSET NJ 08873

Title            DIRECTOR  
Name            KELLY, DAVID PHD  
Address        1132 BOYNTON AVE  
City-State-Zip: BRONX NY 10472

Title            VP  
Name            EALY, JOHN  
Address        6319 MONTERY ROAD  
City-State-Zip: ELKRIDGE MD 34786

Title            DIRECTOR  
Name            BARID, ANTHONY DR.  
Address        12 UNITED XING  
City-State-Zip: UTICA NY 13502

Title            DIRECTOR  
Name            MATTOS, STANLEY  
Address        508 CLEAR WOOD COURT  
City-State-Zip: MARVIN NC 28173

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** RICHARD SIMONS

VP, TREASURER

04/23/2023

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date