

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000028887

Entity Name: ALPHA NYPEO, INC.**Current Principal Place of Business:**1300 SAWGRASS CORPORATE PARKWAY,
SUITE 220
SUNRISE, FL 33323**Current Mailing Address:**1300 SAWGRASS CORPORATE PARKWAY
SUITE 220
SUNRISE, FL 33323 US**FEI Number:** 75-3106389**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK INC.
801 US HIGHWAY 1
NORTH PALM BEACH, FL 33408 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, CEO, DIRECTOR (CHAIRPERSON)
Name	BOUCHARD, CRISTINA
Address	1300 SAWGRASS CORPORATE PARKWAY, SUITE 220
City-State-Zip:	SUNRISE FL 33323

Title	SECRETARY
Name	KOLTIS, BETTY
Address	1300 SAWGRASS CORPORATE PARKWAY, SUITE 220
City-State-Zip:	SUNRISE FL 33323

Title	TREASURER, CFO, DIRECTOR
Name	RATTNER , DAVID
Address	1300 SAWGRASS CORPORATE PARKWAY, SUITE 220
City-State-Zip:	SUNRISE FL 33323

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: BETTY KOLTIS**SECRETARY, BY JULIE
PHILLIPS, ATTORNEY-IN-
FACT** 03/20/2023_____
Electronic Signature of Signing Officer/Director Detail_____
Date

