

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000106624

**Entity Name:** ALPHA NY 2, INC.

**Current Principal Place of Business:**

800 CORPORATE DRIVE  
SUITE 600  
FORT LAUDERDALE, FL 33334

**Current Mailing Address:**

800 CORPORATE DRIVE  
SUITE 600  
FORT LAUDERDALE, FL 33334

**FEI Number:** 20-0292167

**Certificate of Status Desired:** No

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

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 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, DIRECTOR  
Name            ALLAN , CRISTINA  
Address        800 CORPORATE DRIVE, SUITE 600  
City-State-Zip: FORT LAUDERDALE FL 33334

Title            SECRETARY  
Name            VARGAS, CLAUDIA  
Address        800 CORPORATE DRIVE SUITE 600  
City-State-Zip: FORT LAUDERDALE FL 33334

Title            TREASURER, DIRECTOR  
Name            RATTNER , DAVID  
Address        800 CORPORATE DRIVE  
                 SUITE 600  
City-State-Zip: FORT LAUDERDALE FL 33334

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:** CRISTINA ALLAN

PRESIDENT, DIANE            04/19/2018  
CHICHESTER, ATTORNEY-  
IN-FACT

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

\_\_\_\_\_ Date