

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000004711

**Entity Name:** ALPHA THERAPY, INC.

**Current Principal Place of Business:**

20908 LEEWARD COURT  
APT 238-3  
AVENTURA, FL 33180

**Current Mailing Address:**

3363 SHERIDAN STREET  
STE 214  
HOLLYWOOD, FL 33021 US

**FEI Number:** 90-0438583

**Certificate of Status Desired:** No

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

ALFIE, DEBORA I  
20908 LEEWARD COURT  
APT 238-3  
AVENTURA, FL 33180 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 P  
Name ALFIE, DEBORA I  
Address 20908 LEEWARD COURT  
APT 238-3  
City-State-Zip: AVENTURA FL 33180

*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:** DEBORA ALFIE

**PRESIDENT**

**04/10/2024**

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

\_\_\_\_\_  
Date