

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000031149

**Entity Name:** ALPHA MANAGEMENT ADMINISTRATION CORP.

**Current Principal Place of Business:**

230 SUNPORT LANE  
SUITE 100  
ORLANDO, FL 32809

**Current Mailing Address:**

230 SUNPORT LANE  
SUITE 100  
ORLANDO, FL 32809 US

**FEI Number:** 65-0408992

**Certificate of Status Desired:** No

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

BETHENCOURT, MARIA E  
8559 LAKE WINDHAM AVE  
SUITE 100  
ORLANDO, FL 32809 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 PS  
Name BETHENCOURT, MARIA E  
Address 8559 LAKE WINDHAM AVE  
City-State-Zip: ORLANDO FL 32829  
  
Title VP  
Name BETHENCOURT, CAROLINE F  
Address 8559 LAKE WINDHAM AVE  
City-State-Zip: ORLANDO FL 32829

Title VT  
Name BETHENCOURT, ROBERT J  
Address 8559 LAKE WINDHAM AVE  
City-State-Zip: ORELANDO FL 32829

*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:** ROBERT J BETHENCOURT

VP

04/01/2014

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

\_\_\_\_\_  
Date