

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001916

Entity Name: ALPHA ASSOCIATES, INC.**Current Principal Place of Business:**145 LEHIGH AVENUE
LAKEWOOD, NJ 08701**Current Mailing Address:**145 LEHIGH AVENUE
LAKEWOOD, NJ 08701**FEI Number:** 22-1763475**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ALPHA ASSOCIATES, INC.
5636 S.E. SAILFISH WAY
STUART, FL 34997 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:** GEORGE HARAMIS

03/26/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	C
Name	AVALLONE, LOUIS A
Address	6957 S.E. LAKEVIEW TERRACE
City-State-Zip:	STUART FL 34996

Title	P
Name	AVALLONE, CHRISTOPHER J
Address	164 FOX CHASE ROAD
City-State-Zip:	CHESTER NJ 07930

Title	S
Name	AVALLONE, PAMELA
Address	6957 S.E. LAKEVIEW TERRACE
City-State-Zip:	STUART FL 34996

Title	SVP
Name	BAXTER, JOHN
Address	93 ELMWOOD AVENUE
City-State-Zip:	HO-HO-KUS NJ 07423

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: CHRISTOPHER AVALLONE

PRESIDENT

03/26/2014

Electronic Signature of Signing Officer/Director Detail

Date