


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90127 001 \*\*\*150.00

<b>DOCUMENT # F04000001809</b>	
1. Entity Name <b>ALPHA VISION (USA), INC.</b>	

Principal Place of Business <b>1221 BRICKELL AVENUE, STE. 900 MIAMI FL 33131</b>	Mailing Address <b>1221 BRICKELL AVENUE, STE. 900 MIAMI FL 33131</b>
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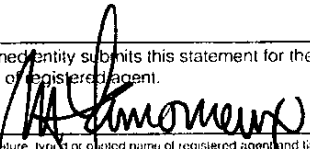


2. Principal Place of Business <b>801 NE 167TH STREET</b> Suite, Apt. #, etc. <b>SUITE 303</b> City & State <b>N. MIAMI BEACH, FL 33162</b> Zip <b>33162</b> Country <b>USA</b>	3. Mailing Address <b>13880 N. NORTHSIGHT BLVD.</b> Suite, Apt. #, etc. <b>SUITE 105</b> City & State <b>SCOTTSDALE, AZ</b> Zip <b>85260</b> Country <b>USA</b>
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1st MOORE CR2E034 (10/05)

4. FEI Number <b>22-1007110</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent <b>LAMOUREUX, MARK 1221 BRICKELL AVENUE, STE. 900 MIAMI FL 33131</b>	
7. Name and Address of New Registered Agent Name <b>MARC LAMOUREUX</b> Street Address (P.O. Box Number is Not Acceptable) <b>801 NE 167TH STREET</b> <b>SUITE 303</b> City <b>N. MIAMI BEACH</b> FL Zip Code <b>33162</b>	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **03-21-06**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00.</b> <b>After May 1, 2006 Fee Will Be \$550.00.</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LAMOREUX, MARC 801 NE 167TH SUITE 303 MIAMI FL 33162 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **MARC LAMOUREUX** 03/21/06 305-770-8034

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #