


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

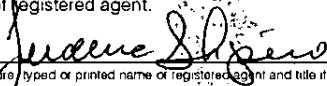
FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90034 040 ***150.00

DOCUMENT # F83990			
1. Entity Name ALPHA GREASE AND OIL, INC.			
Principal Place of Business 16142 VIA MONTEVERDE DELRAY BEACH FL 33446 US		Mailing Address PO BOX 811629 BOCA RATON FL 33481-1629 US	
2. Principal Place of Business 15125 MICHELANGELO BLVD		3. Mailing Address P.O. Box 811629	
Suite, Apt. #, etc. 108		Suite, Apt. #, etc.	
City & State DELRAY BEACH, FL		City & State BOCA RATON, FL	
Zip 33446	Country U.S.A.	Zip 33481	Country U.S.A.



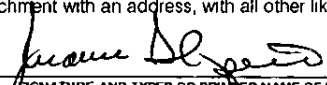
1st MOORE CR2E034 (10/04)

4. FEI Number 59-2207390		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 SHAPIRO, JEROME 16142 VIA MONTEVERDE DELRAY BEACH FL 33446		7. Name and Address of New Registered Agent Name JEROME SHAPIRO Street Address (P.O. Box Number is Not Acceptable) 15125 MICHELANGELO BLVD Apt 108 City DELRAY BEACH FL Zip Code 33446	
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 Jan 28, 2005 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	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	DDP SHAPIRO, JEROME 16142 VIA MONTEVERDE DELRAY BEACH FL 33446 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DDP SHAPIRO, JEROME 15125 MICHELANGELO BLVD DELRAY BEACH, FL 33446 <input checked="" 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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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **JEROME SHAPIRO** DATE **Jan 28, 05** DAYTIME PHONE # **561-637-5055**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR