

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G40881

Entity Name: ALPHA CAB CO.

**FILED**  
**Feb 16, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2222 NW 22ND CT  
MIAMI, FL 33142

**New Principal Place of Business:**

**Current Mailing Address:**

2222 NW 22ND CT  
MIAMI, FL 33142

**New Mailing Address:**

FEI Number: 65-0129326

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VAZQUEZ, HIGINIO  
2222 N.W. 22ND COURT  
MIAMI, FL 33142 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: VAZQUEZ, HIGINIO  
Address: 943 S.W. 9TH AVENUE  
City-St-Zip: MIAMI, FL

Title: VD  
Name: VAZQUEZ, ELIZA  
Address: 943 S.W. 9TH AVENUE  
City-St-Zip: MIAMI, FL

Title: STD  
Name: VAZQUEZ, CARLOS A.  
Address: 943 S.W. 9TH AVENUE  
City-St-Zip: MIAMI, FL

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: CARLOS A VAZQUEZ

STD

02/16/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date