

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # G83375 1. Entity Name ALPED ENTERPRISES CORPORATION	
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Principal Place of Business 12130 SW 99 ST MIAMI, FL 33186	Mailing Address 12130 SW 99 ST MIAMI, FL 33186
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01302006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-236846Z	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ALVAREZ, PEDRO
12130 SW 99 ST
MIAMI, FL 33186**

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALVAREZ, PEDRO R 12130 SW 99 ST MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ALVAREZ, PEDRO JR 12130 SW 99 ST MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TOS ALVAREZ, HILDA 12130 SW 99 ST MIAMI, FL 33186
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *[Signature]* **4/5/2006 305-7535951**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #