

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 02, 2004 08:00 AM
Secretary of State

DOCUMENT # J17565

1. Entity Name
ALPHA LIMOUSINE SERVICE, INC.



Principal Place of Business
**% ORLANDO CASTILLO, SR.
2414 SOUTH 46TH STREET
TAMPA, FL 33619**

Mailing Address
**% ORLANDO CASTILLO, SR.
2414 SOUTH 46TH STREET
TAMPA, FL 33619**



03292004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2710967

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CASTILLO, ORLANDO SR.
2414 SOUTH 46TH STREET
TAMPA, FL 33619**

**DO NOT WRITE
IN THIS SPACE**

B. 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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000102072
04/02/04-80039-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	CASTILLO, ORLANDO SR.
STREET ADDRESS	2414 S 46TH ST
CITY - ST - ZIP	TAMPA, FL
TITLE	VSD
NAME	CASTILLO, DELMA
STREET ADDRESS	2414 S 46TH ST
CITY - ST - ZIP	TAMPA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ORLANDO CASTILLO

3/31

813 2476192

Date

Daytime Phone #