2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J17565

Entity Name: ALPHA LIMOUSINE SERVICE, INC.

FILED Feb 05, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
% ORLANDO CASTILLO, SR. 2414 SOUTH 46TH STREET TAMPA, FL 33619				ORLANDO CASTILLO, SR. 2414 SOUTH 46TH STREET TAMPA, FL 33619	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
% ORLANDO CASTILLO, SR. 2414 SOUTH 46TH STREET TAMPA, FL 33619			ORLANDO CASTILLO, SR. 2414 SOUTH 46TH STREET TAMPA, FL 33619		
FEI Number:	59-2710967	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
2414 SOUTAMPA, FI		EET S	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATUR					
	Electror	iic Signature of Registered Ac	gent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PTD (CASTILLO, OR 2414 S 46TH S TAMPA, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VSD (CASTILLO, DE 2414 S 46TH S TAMPA, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ORLANDO CASTILLO PDT 02/05/2005