


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 08:00 AM
Secretary of State

DOCUMENT # K36708 1. Entity Name ALPHALINE TRADING CORPORATION		
Principal Place of Business 9851 NW 58 ST. #123 DORAL, FL 33178 US	Mailing Address 9851 NW 58 ST. #123 DORAL, FL 33178 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CORREA, JOSE F.A. 9851 NW 58 ST. SUITE #123 DORAL, FL 33178		DO NOT WRITE IN THIS SPACE
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 acc the obligations of registered agent. SIGNATURE: <i>Cleuza Correa</i> - CLEUZA CORREA CFO 3/17/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees 000000865135 04/07/08-80016-017 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORREA, JOSE F.A. 10973 NW 79 AVENUE MIAMI, FL 33178	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CORREA, CLEUZA 10973 NW 79 AVENUE MIAMI, FL 33178	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <i>Cleuza Correa</i> CFO <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3/17/08 (305) 471-0020 <small>Date Daytime Phone #</small>



03172008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0075460
Applied For Not Applied

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

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