


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # K93958 1. Entity Name ALPINE INCENTIVE CORPORATION			
Principal Place of Business 168 HIALEAH DR 168 HIALEAH DR HIALEAH, FL 33010-5250		Mailing Address 168 HIALEAH DR 168 HIALEAH DR HIALEAH, FL 33010-5250	
DO NOT WRITE IN THIS SPACE			
		4. FEI Number 65-0134078	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RUBY SWEZY 5709 NW 158 ST. BLDG. 46 MIAMI LAKES, FL 33014		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 accept the obligations of registered agent.			
SIGNATURE _____ <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, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		U000000154875 05/05/04-80014-023 158.75	
10. OFFICERS AND DIRECTORS			
TITLE	D		
NAME	SWEZY, RUBY S.		
STREET ADDRESS	% 168 HIALEAH DRIVE		
CITY - ST - ZIP	HIALEAH, FL		
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
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NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/30/04 305 821 0330 <small>Date Daytime Phone #</small>	