

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L02000002938

1. Entity Name
ALPHA INTERNATIONAL ENTERPRISES, LLC



Principal Place of Business
**3890 WEST FLAGLER STREET
MIAMI, FL 33134**

Mailing Address
**3890 WEST FLAGLER STREET
MIAMI, FL 33134**

DO NOT WRITE IN THIS SPACE



04262007No Chg-LLC

CR2E083 (11/05)

4. FEI Number
80-0036277

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORDOVA, ANGEL D
780 N.W. 42ND AVE. #417
MIAMI, FL 33126**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
RIVERO, JOSE ANTONIO
3890 WEST FLAGLER STREET
MIAMI, FL 33134**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
ANDUX, MIGUEL A
3890 WEST FLAGLER STREET
MIAMI, FL 33134**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

U000000744096
05/15/07-80133-021 50.00

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IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

X *[Signature]*