

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000049973

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: ALPHA CAPITAL HOLDINGS LLC

**Current Principal Place of Business:**

2061 SE 17TH STREET  
POMPANO BEACH, FL 33062 US

**New Principal Place of Business:**

**Current Mailing Address:**

2061 SE 17TH STREET  
POMPANO BEACH, FL 33062 US

**New Mailing Address:**

FEI Number: 03-0593492

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FORM-A-CORP, INC.  
100 VILLAGE SQUARE CROSSING  
SUITE 103  
PALM BEACH GARDENS, FL 33410 US

**Name and Address of New Registered Agent:**

BERGGREEN, BENGT MGRM  
2061 SE 17TH ST  
POMPANO BEACH, FL 33062 US

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.

SIGNATURE: BENGT BERGGREEN

04/30/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BERGGREEN, BENGT  
Address: 2061 SE 17TH STREET  
City-St-Zip: POMPANO BEACH, FL 33062 US

Title: MGRM ( ) Delete  
Name: BERGGREEN, NOELLE  
Address: 2061 SE 17TH STREET  
City-St-Zip: POMPANO BEACH, FL 33062 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

SIGNATURE: BENGT BERGGREEN

MGRM

04/30/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date