


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 09, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L11131**  
 1. Entity Name  
**ALPHA BROKERS CORPORATION**



Principal Place of Business 2875 NW 82 AVE MIAMI, FL 33122 US	Mailing Address 2875 NW 82 AVE MIAMI, FL 33122 US
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**DO NOT WRITE IN THIS SPACE**



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0140528	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
 LOZANO, SERGIO S.  
 2875 NW 82 AVE  
 MIAMI, FL 33122

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST LOZANO, SERGIO S. 13411 SW 34 STREET MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS LOZANO, ANTONIO 1900 S.W. 125 CT. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: ANTONIO LOZANO  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ANTONIO LOZANO**  
**VICE-PRESIDENT** FEB 0 4 2005 (305) 594 9290  
**COMPTROLLER** Date Day/Date Phone #