

FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

1. Entity Name

ALPHA ANTIQUE COMPANY, INC.



FILED Mar 17, 2004 8:00 am Secretary of State 03-17-2004 90029 010 ***150.00

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2. Principal Place of Business		3. Mailing Address						
615 East Atlantic Avenue Suite, Apt. #, etc.		615 East Atlantic Avenue Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. FEI Number			Applied For	
Delray Beach Florida		Delray Beach, Florida		65=0211421			Not Applicable	
Zip	Country	Zip Country			5. Certificate of Status Desired \$8.75 Additional			
33483	USA	33483	USA					Required
elitaria di Cara di Salara di S Salara di Salara di S			Name	7. Name and Address of Current Registered Agent				jent
	BONGEW	DITE	Mar	Martin, George A.				
	DO NOT W IN THIS SP	ACE	615		Atla	Number is Not Acceptable) antic Avenue	FL	Zip Code 33483
	named entity submits this statement fo	r the purpose of changing its r	egistered office o	r registere	ed agent	, or both, in the State of Florid	da. I am fami	
ine obligat	ions of registered agent.							
SIGNATURE .								
کد	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent signal	ure required	when reinsta	ating)	DATE	
	nuary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department of	State	e	-		Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees
10.	OFFICERS AND	DIRECTORS			र स्थापर गर्ने उत्तर देव वर		2004	
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NAME	Martin, George A.		NAME					THE STATE OF
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	Delray Beach, FL	· · · · · · · · · · · · · · · · · · ·	- 14 14 14 14 14 14 14 14 14 14 14 14 14 		 			
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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 dustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: