


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

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90029 010 ***150.00

DOCUMENT # 1. Entity Name ALPHA ANTIQUE COMPANY, INC.	L91374	
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DO NOT WRITE IN THIS SPACE

24024291

2. Principal Place of Business 615 East Atlantic Avenue Suite, Apt. #, etc.	3. Mailing Address 615 East Atlantic Avenue Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Delray Beach Florida	City & State Delray Beach, Florida	4. FEI Number 65-0211421	Applied For Not Applicable
Zip 33483	Country USA	Zip 33483	Country USA
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name Martin, George A.	
Street Address (P.O. Box Number is Not Acceptable) 615 East Atlantic Avenue	
City Delray Beach	FL Zip Code 33483

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Martin, George A. 615 E. Atlantic Ave Delray Beach, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Martin, Sandra Rosin 615 East Atlantic Avenue Delray Beach, FL 33483	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 trustee 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: *Sandra Rosin Martin* **3/15/04** **(561) 278-2373**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)