

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000002246

FILED
Feb 11, 2004
Secretary of State

Entity Name: ALPHAFX, L.C.

Current Principal Place of Business:

1339 SW 3RD STREET
BOCA RATON, FL 33486

New Principal Place of Business:

7311 NW 12TH STREET
SUITE 29
MIAMI, FL 33126

Current Mailing Address:

1339 SW 3RD STREET
BOCA RATON, FL 33486

New Mailing Address:

7311 NW 12TH STREET
SUITE 29
MIAMI, FL 33126

FEI Number: 65-0934997

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUPAPOL, AKRAPOL
1339 SW 3RD STREET
BOCA RATON, FL 33486 US

Name and Address of New Registered Agent:

SUPAPOL, AKRAPOL
7311 NW 12TH STREET
SUITE 29
MIAMI, FL 33126 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:

02/11/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: SUPAPOL, AKRAPOL
Address: 1339 SW 3RD STREET
City-St-Zip: BOCA RATON, FL 33486

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SUPAPOL, AKRAPOL
Address: 7311 NW 12TH STREET, SUITE 29
City-St-Zip: MIAMI, FL 33126

Title: MGR () Change (X) Addition
Name: SUPAPOL, KRITAPOL
Address: 7311 NW 12TH STREET, SUITE 29
City-St-Zip: MIAMI, FL 33126

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: AKRAPOL SUPAPOL

MGRM

02/11/2004

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