2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 23, 2006 08:00 AM Secretary of State

ANNUAL REPURI					Secretary of State	
DOCUMENT # N03000007117						secretary or state
1. Entity Name						
ALPHA UPSILON SIGMA, ING.						
Principal Plac	e of Business	. Ma	eiling Address		}	
5250 17TH			250 17TH ST			
SARASOTA, 8	FE 34235	\$	ARASOTA, FL 34235			
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:					}	BRIOR 13161 ORGAN ORGAN ROTTE BRIOT BRIOT HERRE 15005 ENDS TORGES AS SECT
•					01172006 No Chg-NP CR2E037 (11/05)	
DO NOT WRITE IN THIS SPACE					4. FEI Number Applied For	
The state of the s				eran erangen, er er er	31-1119	
			, ,		5. Certificate of	of Status Desired See Required
	5. Name and Address o	f Current Regis	tered Agent	1]	Lea traduing
	ANABRIA, SAMUEL 250 17TH ST			::	DO	NOT WRITE
	ARASOTA, FL 34235			IN T	HIS SPACE	
		:		1	£# W £	THO OF MOL
	<u> </u>	; 		: . ` . ` . ` .		:
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 lamiliar with, and accept the obligations of registered agent.						
1/12/2/						
SIGNATURE Signature, typed or pretagger and ordered agent and life if applicable. [INOTE: Registered Agent arginature required when relinstating) Out E						
		:	8. Election Campaign Fina	noine CF	00	
	Filing Fee is \$61.25 Due by May 1, 2006		Trust Fund Contribution		.00 May Be ed to Fees	
TITLE	OFFIC	ERS AND DIREC	CTOR\$			
NAME	SANABRIA, SANUEL	; ,				
STREET ADDRESS	1		-			
CLTY-ST-ZIP	SARASOTA, FL 34235			4		1100000000000
THE NAME						01/30/06-80022-005 61.25
STRUET ADDRESS	}					
CITY-ST-ZP	}			1		
NAME				1		
STREET ADDRESS					20	E1/5T 12151TPP
CITY-ST-ZIP					UU	NOT WRITE
TCCLE NAME					IN T	THIS SPACE
STREET ADDRESS						
City-St-DP				1		
TITLE	\					
name Street Address				1		
CHY-ST-ZIP	,			1		
TITLE	:			1	•	
NAME STREET ADDRESS	i					
CITY-ST-ZIP	1					
12. I hereby	certify that the information sur	oplied with this f	lling does not qualify for the ex	remptions contained	in Chapter 119	, Florida Statutes, I further certify that the information
indicated of the co	on this report or supp lement sporation or the receiver or tri	at report is true of stee empowered	and accurate and that my signs d to execute this report as requ	sture shall have the fired by Chapter 617	same legal elfeci 7, Florida Statutes	t as if made under oath; that I am an officer or director ;; and that my name appears in Block 10 or Block 11 if
12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 517, 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.						