2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2009
Secretary of State

DOCUMENT# N08000009703

Entity Name: ALPHA TACTICAL SHOOTING CENTER, CORP.

Current Principal Place of Business:

9450 NW 58 STREET
UNIT #105
DORAL, FL 33178 US

New Principal Place of Business:

Current Mailing Address:

9450 NW 58 STREET
UNIT #105
DORAL, FL 33178 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARRERO, JOSE C ESQ
1200 BRICKELL AVENUE
SUITE 505
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WOJCIKIEWITCZ, MAURO
Address: 9450 NW 58 STREET
City-St-Zip: DORAL, FL 33178 US

Title: VP ( ) Delete
Name: WOJCIKIEWITCZ, VANESSA
Address: 9450 NW 58 STREET
City-St-Zip: DORAL, FL 33178 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: WOJCIKIEWICZ, MAURO
Address: 9450 NW 58 STREET
City-St-Zip: DORAL, FL 33178 US

Title: VP (X) Change ( ) Addition
Name: YANEZ, VANESSA JOSE
Address: 9450 NW 58 STREET
City-St-Zip: DORAL, FL 33178 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAURO WOJCIKIEWICZ P 01/09/2009

Electronic Signature of Signing Officer or Director — Date