

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90153 041 ****61.25

DOCUMENT # N37874

1. Entity Name
ALPHA 66, INC.



Principal Place of Business
% EMILIO C. CABALLERO
1714 W. FLAGLER ST
MIAMI, FL 33135

Mailing Address
1714 W. FLAGLER ST
1714 W. FLAGLER ST
MIAMI, FL 33135 US

30044160



2. Principal Place of Business
2250 S.W. 8TH ST
Suite, Apt. #, etc.

3. Mailing Address
2250 SW 8TH ST
Suite, Apt. #, etc.

02282005 Chg-NP CR2E037 (10/03)

City & State
MIAMI, FL

City & State
MIAMI

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip
33135

Country
USA

Zip
33135

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SARGEN NAZARIO, ANDRES C ESQ
1714 W. FLAGLER ST
MIAMI, FL 33135

7. Name and Address of New Registered Agent

Name **ERNESTO DIAZ-RODRIGUEZ**
Street Address (P.O. Box Number is Not Acceptable)
2250 SW 8TH ST
City **MIAMI** FL **33135**

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

Signature, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent signature required when re-registering)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	SG	<input checked="" type="checkbox"/> Delete
NAME	SARGEN, ANDRES NAZARIO	
STREET ADDRESS	2443 NW 29TH STREET	
CITY-ST-ZIP	MIAMI, FL 33142	
TITLE	DS	<input type="checkbox"/> Delete
NAME	CABALLERO, EMILIO C.	
STREET ADDRESS	11390 SW 57TH STREET	
CITY-ST-ZIP	MIAMI, FL 33175	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARRECHEA, PEDRO	
STREET ADDRESS	1714 W FLAGLER STREET	
CITY-ST-ZIP	MIAMI, FL 33142	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	GARCIA, EMMA	
STREET ADDRESS	1714 W FLAGLER STREET	
CITY-ST-ZIP	MIAMI, FL 33135	
TITLE	T	<input type="checkbox"/> Delete
NAME	NAZARIO, OLGA	
STREET ADDRESS	2443 NW 29TH STREET	
CITY-ST-ZIP	MIAMI, FL 33142	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SG	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ERNESTO DIAZ-RODRIGUEZ	
STREET ADDRESS	2250 SW 8 TH ST	
CITY-ST-ZIP	MIAMI, FL 33135	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2250 SW 8 TH ST	
CITY-ST-ZIP	MIAMI, FL 33135	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ITZA VALDES	
STREET ADDRESS	2250 SW 8 TH ST	
CITY-ST-ZIP	MIAMI, FL 33135	

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 617, 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ERNESTO DIAZ

02-28-05

Date

Daytime Phone #