

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005919

FILED
Jan 04, 2005
Secretary of State

Entity Name: ALPHA 2000 COMMUNITY DEVELOPMENT, INC.

Current Principal Place of Business:

951 S. DIXIE HWY W.
POMPANO BEACH, FL 33060

New Principal Place of Business:

Current Mailing Address:

951 S. DIXIE HWY W.
POMPANO BEACH, FL 33060

New Mailing Address:

FEI Number: 65-0953240

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RAMDEEN, SHERRY
951 S. DIXIE HWY W.
POMPANO BEACH, FL 33060 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: PD () Delete
Name: RAMDEEN, SHERRY
Address: 951 S. DIXIE HWY W.
City-St-Zip: POMPANO BEACH, FL 33060

Title: D () Delete
Name: RAMDEEN, LLOYD
Address: 951 S. DIXIE HWY W.
City-St-Zip: POMPANO BEACH, FL 33060

Title: VPM () Delete
Name: NARAVAN, DINDIYAL
Address: 951 S. DIXIE HWY W.
City-St-Zip: POMPANO BEACH, FL 33060

Title: DOAY () Delete
Name: RAMDEEN, JESSE J
Address: 951 S. DIXIE HWY W.
City-St-Zip: POMPANO BEACH, FL 33060

Title: T () Delete
Name: RAMDEEN, CHAD
Address: 951 S. DIXIE HWY W.
City-St-Zip: POMPANO BEACH, FL 33060

Title: S () Delete
Name: MATUTE, LISA
Address: 951 S. DIXIE HWY W.
City-St-Zip: POMPANO BEACH, FL 33060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: LISA MATUTE

S

01/04/2005

Electronic Signature of Signing Officer or Director

Date