

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000005129

Entity Name: ALTERNATE SOURCES, INC.

**FILED**  
**Jan 14, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

8268 NW S RIVER DR  
MIAMI, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

8268 NW S RIVER DR  
MIAMI, FL 33166

**New Mailing Address:**

FEI Number: 65-0975501

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TAX TEAM  
8569 PINES BLVD.  
SUITE 214  
PEMBROKE PINES, FL 33024 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  
Name: SMITH, FRANCISCO J  
Address: 19367 NW 13 STREET  
City-St-Zip: HOLLYWOOD, FL 33029

Title: VST  
Name: SMITH, LAURA A  
Address: 19367 NW 13 STREET  
City-St-Zip: PEMBROKE PINES, FL 33029

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LAURA A. SMITH

VST

01/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date