FILED
Jun 14, 2004 8:00 am
Secretary of State
06-14-2004 90003 040 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000006264

1. Entity Name
ALFOMEGA CORP.

54057311

Principal Place of Business	Mailing Address
4815 N.W. 79TH AVENUE #4 MIAMI, FL 33166	4815 N.W. 79TH AVENUE #4 MIAMI, FL 33166

06082004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
		3800 Inverrary Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
		Suite 100R	
City & State		City & State	
		Lauderhill, FL.	
Zip	Country	Zip	Country
		33319-4316	U.S.

4. FEI Number
65-0975087

Applied for / Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOMEZ, ESTHER
3651 ENVIRON BLVD.
#561
LAUDERHILL, FL 33319

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Is Not Acceptable)

City FL Zip Code

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 reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. [ ] **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	[ ] Delete
NAME	GOMEZ, ESTHER	
STREET ADDRESS	3651 ENVIRON BLVD. #561	
CITY-ST-ZIP	LAUDERHILL, FL 33319	
TITLE		[ ] Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE		[ ] Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 607, Florida Statutes; and that my name appears in Block 10 or 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 Date Daytime Phone #

Attachment 540573 11

GLORIA M. BATULE, P.A.

CERTIFIED PUBLIC ACCOUNTANT

782 N.W. LE JEUNE ROAD
SUITE 440
MIAMI, FLORIDA 33126

TELEPHONE (305) 441-6464
FACSIMILE (305) 445-0543

#P00000006264

June 8, 2004

Secretary of State
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Gentlemen:

Enclosed please find the renewal of the corporation, Alfomega Corp. Said report is being filed late because there was a change in address and the officers never received the renewal and were unaware of the laws. Therefore, we respectfully request that the late fee in the amount of $400 be abated.

Yours truly,

Gloria Batule CPA.

Gloria M. Batule, CPA.

Enclosures