

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90162 023 \*\*\*150.00

**DOCUMENT # P00000074743**

1. Entity Name

IMPORT ALPHHA, INC.



Principal Place of Business

3502 MARIGOLD CT  
STE 103  
PALM BEACH GARDENS FL 33410

Mailing Address

3502 MARIGOLD CT  
STE 103  
PALM BEACH GARDENS FL 33410

2. Principal Place of Business

~~3406 WATER~~

Suite, Apt. #, etc.

3. Mailing Address

3406 WATERLUTY CT. 200

Suite, Apt. #, etc.

200

City & State

City & State

~~3406~~ PALM BEACH GARDENS

Zip

Country

Zip

38410

Country

USA

4. FEI Number

65-1030752

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PERALTA, JUAN C  
1453 B. LAKE CRYSTAL DR.  
W. PALM BCH FL 33411

7. Name and Address of New Registered Agent

Name

PERALTA, JUAN C

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

3502 MARIGOLD CT STE 103

City

PALM BEACH GARDENS FL

Zip Code

33410

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)

03/17/04

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME PERALTA, AGUSTIN J  
STREET ADDRESS 1463B LAKE CRYSTAL DR.  
CITY-ST-ZIP WEST PALM BEACH FL 33411 ☐ Delete

TITLE VD  
NAME PERALTA, JUAN C  
STREET ADDRESS 1463B LAKE CRYSTAL DR.  
CITY-ST-ZIP W. PALM BCH FL 33411 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME PERALTA, AGUSTIN J  
STREET ADDRESS 3502 MARIGOLD CT SUITE 103  
CITY-ST-ZIP PALM BEACH GARDENS FL 33410 ☒ Change ☐ Addition

TITLE VD  
NAME PERALTA, JUAN C  
STREET ADDRESS 3502 LAKE CRYSTAL DR  
CITY-ST-ZIP W. PALM BEACH 33410 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 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

03/17/04 861-6241069

Date

Daytime Phone #