

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91180 034 ***150.00

DOCUMENT # P00000084247 1. Entity Name ALPHA PROPERTIES, INC.			
Principal Place of Business 6750 TAFT STREET HOLLYWOOD, FL 33026 US		Mailing Address 6750 TAFT STREET HOLLYWOOD, FL 33026 US	
2. Principal Place of Business 2420 UNIVERSITY DR. Suite, Apt. #, etc.		3. Mailing Address 11577 GORHAM DR. Suite, Apt. #, etc.	
City & State PEMBROKE PINES, FL		City & State COOPER CITY, FL	
Zip 33024		Zip 33026	
Country BROWARD		Country BROWARD	
4. FEI Number 65-1044393		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROTHERMEL, WALTER E JR. 11677 GORHAM DRIVE COOPER CITY, FL 33026		7. Name and Address of New Registered Agent Name WALTER F. ROTHERMEL JR. Street Address (P.O. Box Number is Not Acceptable) 11577 GORHAM DR. City COOPER CITY FL Zip Code 33026	
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 <u><i>Walter F. Rothermel Jr.</i></u> DATE <u>5/28/03</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent Signature required when reappointing)</small>			
FILE NOW WITH FEE IS \$150.00 After May 1, 2003 Fee will be \$650.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROTHERMEL, WALTER F JR. 11677 GORHAM DRIVE COOPER CITY, FL 33026 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHAMBLISS, NICOLE S 4064 EASTRIDGE DRIVE DEERFIELD BEACH, FL 33064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Walter F. Rothermel Jr.</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>5/28/03</u> <small>Date</small>	

CR2E034 (10/02)