

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

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91192 042 ***150.00

DOCUMENT # P01000013524
1. Entity Name
ALPHA GROUP INVESTMENTS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 9010 S.W. 137 Ave		3. Mailing Address 9010 S.W. 137th Ave	
Suite, Apt. #, etc. Suite 113		Suite, Apt. #, etc. Suite 113	
City & State Miami, Fl		City & State Miami Fl	
Zip 33186	Country US	Zip 33186	Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number 30-0041585	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name VICTORIA E. VELEZ	
Street Address (P.O. Box Number is Not Acceptable) 9010 S.W. 137 Ave Suite 113	
City MIAMI	FL Zip Code 33186

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.

SIGNATURE *Victoria E. Velez* **VICTORIA VELEZ** **DATE** 4/26/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			
TITLE P	NAME VELEZ VICTORIA E.	TITLE	
STREET ADDRESS 9010 SW 137 Ave # 113	CITY-ST-ZIP Miami, Fl. 33186	STREET ADDRESS	CITY-ST-ZIP
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Victoria E. Velez* **DATE** 4/26/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)