

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90489 011 ***150.00

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



Principal Place of Business: 701 S. U.S. 1, FORT PIERCE, FL 34950
 Mailing Address: ~~9010 S.W. 137 AVE~~, ~~STE 113~~, ~~MIAMI, FL 33186~~

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: 701 S. U.S. 1, Suite, Apt. #, etc.

City & State: Ft. Pierce, Florida
 Zip: 34950, Country: U.S.A.

Barcode: 04192004 Chg-P CR2E034 (10/03)
 4. FEI Number: 30-0041585
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
~~VELEZ, VICTORIA E~~
~~3010 SAN SIMEON CIRGLE~~
~~WESTON, FL 33391~~

7. Name and Address of New Registered Agent
 Name: Mark Sayfi
 Street Address (P.O. Box Number is Not Acceptable): 701 South U.S. Highway #1
 City: Ft. Pierce, FL, Zip Code: 34950

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]* DATE: X4/20/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE: President NAME: Mark Sayfi STREET ADDRESS: 701 South U.S. Highway #1 CITY-ST-ZIP: Ft. Pierce, Florida 34950	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
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TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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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: *[Signature]* DATE: X4/20/04 (786) 295-2299
Signature and typed or printed name of signing officer or director