

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000058178

FILED
Apr 15, 2005
Secretary of State

Entity Name: ALPHA INSURANCE & MANAGEMENT SERVICE INC.

Current Principal Place of Business:

11865 SW 26 ST
B-9
MIAMI, FL 33175

New Principal Place of Business:

11865 SW 26 ST
G-7
MIAMI, FL 33175

Current Mailing Address:

11865 SW 26 ST
B-9
MIAMI, FL 33175

New Mailing Address:

11865 SW 26 ST
G-7
MIAMI, FL 33175

FEI Number: 42-1530671

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PADRON, ROSA S
2703 S.W. 127 AVE.
MIAMI, FL 33175 US

Name and Address of New Registered Agent:

PADRON, ROSA S
11921 SW 35 TERR
MIAMI, FL 33175 US

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: ROSA S. PADRON

04/15/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PADRON, ROSA S
Address: 2703 SW 127 AVE
City-St-Zip: MIAMI, FL 33175

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PADRON, ROSA S
Address: 11921 SW 35 TERR
City-St-Zip: MIAMI, FL 33175

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSA S. PADRON

P

04/15/2005

Electronic Signature of Signing Officer or Director

Date