2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2008
Secretary of State

DOCUMENT# P01000058178

Entity Name: ALPHA INSURANCE & MANAGEMENT SERVICE INC.

Current Principal Place of Business:

11865 SW 26 ST
G-7
MIAMI, FL 33175

New Principal Place of Business:

Current Mailing Address:

11865 SW 26 ST
G-7
MIAMI, FL 33175

New Mailing Address:

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
11921 SW 35 TERR
MIAMI, FL 33175 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP ( ) Change (X) Addition
Name: SIGLER, MAYELIN
Address: 11865 SW 35 TERR
City-St-Zip: MIAMI, FL 33175

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 07/18/2008

Electronic Signature of Signing Officer or Director — Date

P01000058178 rec'd 7/18/08

July 29, 2008

Ref: Renewal for Alpha Insurance & Management Service Inc.
Document #P01000058178

Dear sirs /Madam:

I did not receive prior renewal notice and had no intention of paying the late fee.
Please refund.
Thank you

Rosa S. Padron

Refund $390.00

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