2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   P01000060749

1. Entity Name
ALPHA BAY, INC.

Principal Place of Business
848 BRICKELL AVENUE
950
MIAMI FL 33131
US

Mailing Address
848 BRICKELL AVENUE
950
MIAMI FL 33131
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip | Country

Zip | Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1153449**   Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DESENS, RALPH E
848 BRICKELL AVENUE
950
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name *XAVIER FERNANDEZ*

Street Address (P.O. Box Number is Not Acceptable) *848 BRICKELL*

AVENUE, #950

City *MIAMI*   **FL**   Zip Code *33131*

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 X

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Delete	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: D NAME: DESENS, RALPH E STREET ADDRESS: 848 BRICKELL AVENUE CITY-ST-ZIP: MIAMI FL 33131	☒ Delete	TITLE: D NAME: *XAVIER FERNANDEZ* STREET ADDRESS: *848 BRICKELL AVENUE* CITY-ST-ZIP: *MIAMI, FLORIDA 33131*	☐ Change ☒ Addition
TITLE: CD NAME: ZAMORA, OMAR C STREET ADDRESS: 848 BRICKELL AVE. #950 CITY-ST-ZIP: MIAMI FL 33131	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
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CR2E034 (10/02)

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: X SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date   Daytime Phone #