

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 25, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000064481

1. Entity Name
ALPHA CON ENTERPRISES INC.



Principal Place of Business
**11262 N.W 53 LANE
MIAMI, FL 33178**

Mailing Address
**11262 N.W 53 LANE
MIAMI, FL 33178**



03092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
45-0476310

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HERRERA, CLAUDIA P
11262 N.W 53 LANE
MIAMI, FL 33178**

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IN THIS SPACE**

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

**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**

**U00000096340
03/25/04-88026-004 159.75**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HERRERA G., MARCO A
STREET ADDRESS	11262 N.W 53 LANE
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	VD
NAME	HERRERA M., CARLOS A
STREET ADDRESS	11262 N.W 53 LANE
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	SD
NAME	HERRERA M., CLAUDIA P
STREET ADDRESS	11262 N.W 53 LANE
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Claudia P. Herrera **Mar. 18/2004 3057160893**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #