

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-26-2004 90521 043 ***150.00

DOCUMENT # P01000082091

1. Entity Name

ALPHA VENTURES, INC.



Principal Place of Business

14208 S.W. 62 ST.
MIAMI FL 33183

Mailing Address

14208 S.W. 62 ST.
MIAMI FL 33183

2. Principal Place of Business

2193 SALERNO CIRCLE

Suite, Apt. #, etc.

3. Mailing Address

2193 SALERNO CIRCLE

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Weston, FL

City & State

Weston, FL

4. FEI Number

65-1131735

Applied For

Not Applicable

Zip

33327

Country

USA

Zip

33327

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TOVAR, ILEANA ARIAS ESQ
1725 MAIN STREET SUITE 205
WESTON FL 33326

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 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, 2004 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 PTD ☐ Delete
NAME TOMEI, DORIA
STREET ADDRESS 14208 S.W. 62 ST.
CITY-ST-ZIP MIAMI FL 33183

TITLE VSD ☐ Delete
NAME MONACELLI, LUCIA
STREET ADDRESS 14208 S.W. 62 ST.
CITY-ST-ZIP MIAMI FL 33183

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD ☒ Change ☐ Addition
NAME TOMEI, DORIA
STREET ADDRESS 2193 SALERNO CIRCLE
CITY-ST-ZIP Weston, FL 33327

TITLE VSD ☒ Change ☐ Addition
NAME MONACELLI, LUCIA
STREET ADDRESS 2193 SALERNO CIRCLE
CITY-ST-ZIP Weston, FL 33327

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/21/04 (954)8953729

Date

Daytime Phone #