

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90316 018 ***150.00

2005 FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000082091

1. Entity Name
ALPHA VENTURES, INC.



Principal Place of Business
**2193 SALERNO CIR
WESTON, FL 33327**

Mailing Address
**2193 SALERNO CIR
WESTON, FL 33327**

20039383



03222005 - No Chg-P. - CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1131735	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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**

**DO NOT WRITE
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

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, 2005 Fee will be \$550.00**

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	PTD TOMEI, DORIA 2193 SALERNO CIR WESTON, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MONACELLI, LUCIA 2193 SALERNO CIR WESTON, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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)(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

Doria Tomei
DORIA P. Tomei

04/18/05 (954) 8953729
Date Daytime Phone #