

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000093604

Entity Name: ALPARK CORP.

FILED
Apr 21, 2005
Secretary of State

Current Principal Place of Business:

319 WORTH AVE.
PALM BEACH, FL 33480

New Principal Place of Business:

Current Mailing Address:

319 WORTH AVE.
PALM BEACH, FL 33480

New Mailing Address:

FEI Number: 65-1144449

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARLA L. BROWN HARWARD, P.A.
105 S NARCISSUS AVENUE
612
W PALM BEACH, FL 33401 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: ALPARK, SAMI
Address: 319 WORTH AVE.
City-St-Zip: PALM BEACH, FL 33480

Title: CEO () Delete
Name: GALLARDO, RENE
Address: 319 WORTH AVE.
City-St-Zip: PALM BEACH, FL 33480

Title: T () Delete
Name: ALPARK, JOSEPH
Address: AL-SOUR BUILDING, 2ND FL., #16, AL-SOUR ST
City-St-Zip: KUWAIT CITY, KT 13123 KT

Title: S () Delete
Name: ALPARK, HANAN
Address: AL-SOUR BUILDING, 2ND FL., #16, AL-SOUR ST
City-St-Zip: KUWAIT CITY, KT 13123 KT

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CARLA L. BROWN HARWARD

RA

04/21/2005

Electronic Signature of Signing Officer or Director

Date