

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

Page 1 of 2

DOCUMENT # P02000000168
1. Entity Name ALPHA-KD SERVICES CORPORATION

FILED
03 NOV 26 PM 4:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE	
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2. Principal Place of Business 3541 SW 16th STREET Suite, Apt. #, etc.	3. Mailing Address 3541 SW 16th STREET Suite, Apt. #, etc.
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City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA
Zip 33145	Zip 33145
Country USA	Country USA

4. FEI Number 80-0027184	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	
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7. Name and Address of Current Registered Agent	
Name MENDEZ ELADIO A	
Street Address (P.O. Box Number is Not Acceptable) 3541 SW 16th STREET	
City MIAMI	FL Zip Code 33145

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	11/06/03 DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MENDEZ, ELADIO A 3541 SW 16th STREET MIAMI, FLORIDA 33145	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV MUNOZ, GUSTAVO R 5800 SW 122 STREET KENDALL, FLORIDA 33183	TITLE NAME STREET ADDRESS CITY - ST - ZIP	700025074507 11/26/03--01059--010 **150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT LEDESMA, LAURA N 5800 SW 122 STREET KENDALL, FLORIDA 33183	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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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 on an attachment with an address, with all other like empowered.	
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	11/06/03 Date Daytime Phone #

CR2E034B (12/02)

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**ALPHA-KD SERVICES CORPORATION
3541 SW 16th STREET
MIAMI, FLORIDA 33145**

November 6th 2003

Florida Department of State
Secretary of State
Glenda E. Hood
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: ALPHA-KD SERVICES CORP
Document # P02000000168
Uniform Business Report

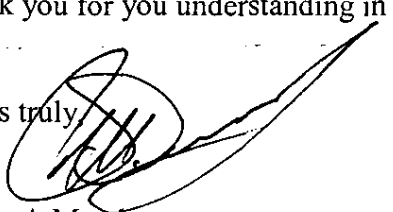
Dear Sir or Madam:

This year we moved our office and we never received the renewal of our corporation. We are finding out now that our corporation has been administratively dissolved.

We are asking you to accept our check of \$150.00 and reinstate our corporation. We promise to be more diligent in the future and ask that you give us a one-time break in the spirit of the Florida Tax Amnesty Program.

Thank you for your understanding in this matter.

Yours truly,


Eladio A Mendez
President