


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

APPROVED
AND
FILED

03 FEB 28 AM 1:30

DOCUMENT # P02000006519
1. Entity Name
ALPHA BROTHERS WAREHOUSE, INC.



SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 9312 NW 13TH STREET Suite, Apt. #, etc. UNIT 7		3. Mailing Address 9312 NW 13TH STREET Suite, Apt. #, etc. UNIT 7		4. FEI Number 42-1529273		Applied For Not Applicable
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
Zip 33172	Country USA	Zip 33172	Country USA			

02/28/03 90160 006 \$150.00

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name DOLORES O LOZANO

Street Address (P.O. Box Number is Not Acceptable)
9312 NW 13TH STREET

City MIAMI, FL Zip Code 33172

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 *Dolores O Lozano* Dolores O Lozano April 9th, 2003

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. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Dolores O Lozano 13411 SW 34th Street Miami, Florida 33175	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President / Secretary Teresita R Casanova 14101 SW 44th Street, Miami, Florida 33175	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 another file empowered.

SIGNATURE: *Dolores O Lozano* Dolores O Lozano April 9th, 2003

CRZE034B (12/02)