

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT


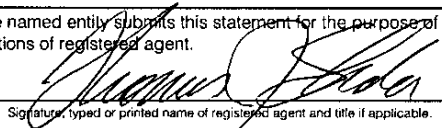
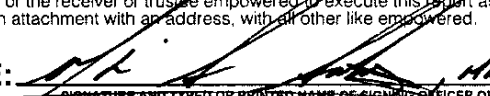
Amended

06 MAR 13 11:08:39

STATE OF FLORIDA



11/051

DOCUMENT # P02000024831					
1. Entity Name ALPHA BETA APPAREL, INC.					
Principal Place of Business 8407 NW 68 STREET MIAMI, FL 33166			Mailing Address 8407 NW 68 STREET MIAMI, FL 33166		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 02-0575871	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SKOLA, THOMAS J 1001 BRICKELL BAY DR. STE. 1508 MIAMI, FL 33131			Name SKOLA, THOMAS J. Street Address (P.O. Box Number is Not Acceptable) 100 Southeast Second Street, Suite 3300 City MIAMI FL 33131 Zip Code 33131-2148		
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 			DATE 2/8/06		
Amended AR is \$61.25			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AEDO, MARIO A		NAME		100068113831
STREET ADDRESS	8407 NW 68 ST.		STREET ADDRESS		03/20/06--01030--023 **\$1.25
CITY-ST-ZIP	MIAMI, FL 33166		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SKOLA, THOMAS J		NAME		S
STREET ADDRESS	1001 BRICKELL BAY DR., STE. 1508		STREET ADDRESS		100 Southeast Second Street, Suite 3300
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP		MIAMI, FL 33131-2148
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AEDO, MARIO J		NAME		
STREET ADDRESS	8407 NW 68 ST.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33166		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AEDO, ANA MARIA		NAME		
STREET ADDRESS	8407 NW 68 ST.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33166		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			DATE 2/13/06 DAYTIME PHONE # 305-599-8542		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OFFICER OR DIRECTOR			DATE MAR 15 2006		