

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90030 033 \*\*\*150.00

**DOCUMENT # P02000051901**

1. Entity Name  
ALPHA AFFILIATES, INC.



Principal Place of Business  
101 NORTH STATE ROAD 7  
SUITE #117  
MARGATE, FL 33063

Mailing Address  
101 NORTH STATE ROAD 7  
SUITE #117  
MARGATE, FL 33063

2. Principal Place of Business  
3001 NE 47 TH STREET  
Suite, Apt. #, etc.

3. Mailing Address  
3001 NE 47 TH STREET  
Suite, Apt. #, etc.



03102004 Chg-P CR2E034 (10/03)

City & State  
FT. LAUDERDALE, FL  
Zip  
33308  
Country

City & State  
FT. LAUDERDALE, FL  
Zip  
33308  
Country

4. FEI Number  
04-3664631  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

ALFIERE, RON  
101 NORTH STATE ROAD 7  
SUITE #117  
MARGATE, FL 33063

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
3001 NE 47 TH STREET  
City  
FT. LAUDERDALE FL Zip Code  
33308

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 *Ron Alfieri* RON ALFIERE  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

3/10/04  
DATE

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2004 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	<input type="checkbox"/> Delete
	ALFIERE, RON	101 NORTH STATE ROAD 7, SUITE 117	MARGATE, FL 33063	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Ron Alfieri* RON ALFIERE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/04 305-213-9573  
Date Daytime Phone #