FILED
Apr 23, 2003 8:00 am
Secretary of State

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04-08-2003 90097 008 ***150.00

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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000055348

1. Entity Name
ALPHA D DEVELOPMENT INC

Principal Place of Business	Mailing Address
311 1ST AVE. S.W. APT. B MULBERRY, FL 33860	311 1ST AVE. S.W. APT. B MULBERRY, FL 33860

2. Principal Place of Business		3. Mailing Address	
311 1st Av SW APT B		311 1st AV SW APT B	
Suite, Apt. #, etc. Mulberry FL		Suite, Apt. #, etc. Mulberry FL	
City & State 33860		City & State	
Zip	Country USA	Zip 33860	Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 04 3659065 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

DING, QING
311 1ST AVE. S.W. APT. B
MULBERRY, FL 33860

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number Is Not Acceptable)
City FL Zip Code

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 Qing ding QING DING 4/1/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00 After May 1, 2003 Fee will be $550.00 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DING, QING 311 1ST AVE. S.W. APT. B MULBERRY, FL 33860	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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: Qing ding QING DING 4/1/03 8635297005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #