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Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90210 033 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

70038318

DOCUMENT # P02000059330

1. Entity Name
ALPHA ONE COMPUTER INC.

Principal Place of Business	Mailing Address
3222-A SOUTH DIXIE HIGHWAY W. PALM BEACH, FL 33405	3222-A SOUTH DIXIE HIGHWAY W. PALM BEACH, FL 33405

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
3100 NW. 72 Ave.	663 N.W. 159 Ave
Suite, Apt. #, etc.: # 120	Suite, Apt. #, etc.
City & State: miami, FL	City & State: Pembroke Pines, FL
Zip: 33122 Country	Zip: 33028 Country

4. FEI Number 04-3675505 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LI, WEI 663 NW 159 AVENUE PEMBROKE PINES, FL 33028	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 ______ 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	D LI, WEI 663 NW 159 AVENUE PEMBROKE PINES, FL 33028	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: ______ 04/08/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #