

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000061631



1. Entity Name
 ALPHMEGA, INC.

Principal Place of Business
 15532 SW 55 TERR
 MIAMI, FL 33185

Mailing Address
 15532 SW 55 TERR
 MIAMI, FL 33185



02292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 40-0039354	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIA, SENEN
 15532 SW 55 TERR
 MIAMI, FL 33185

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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: *Senen Garcia* DATE: 4/8/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	PT GARCIA, SENEN 15532 SW 55 TERR MIAMI, FL 33185
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SILVIA, ANDREW 15620 SW 36 TERR MIAMI, FL 33185
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 04/12/04-80088-003 150.00

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Senen Garcia* DATE: 4/8/04 DAYTIME PHONE #: 305-606-6139
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR