

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90218 027 ***150.00

DOCUMENT # P02000078402 1. Entity Name ALPEN-TEC, INC.					
Principal Place of Business 782 NW 42ND AVENUE SUITE #328 MIAMI, FL 33126			Mailing Address 782 NW 42ND AVENUE SUITE #328 MIAMI, FL 33126		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 56-2282467	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent THE SOLANO GROUP, P.A. 782 NW LEJEUNE ROAD SUITE #328 MIAMI, FL 33126				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			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 CARLOS ANTONIO RUEST MONTERROSO 9 CALLE 4-34 ZONA 14 GUATEMALA 01014, GUATEMALA, ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD CARLOS ANTONIO RUEST HERRERA 9 CALLE 4-34 ZONA 14 GUATEMALA 01014, GUATEMALA, ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VID CELESTE AIDA MONTERROSO DE RUEST 9a CALLE 4-34 ZONA 14 GUATEMALA 01014, GUATEMALA ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD JOSE ALFREDO RUEST MONTERROSO 9 CALLE 4-34 ZONA 14 GUATEMALA 01014, GUATEMALA, ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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	
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: _____			4/25/2008 (305) 441-2606		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		