

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000089450

Entity Name: ALCORP GROUP, INC.

FILED  
Apr 27, 2004  
Secretary of State

**Current Principal Place of Business:**

P.O. BOX 190202  
FT. LAUDERDALE, FL 33319

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 190202  
FT. LAUDERDALE, FL 33319

**New Mailing Address:**

FEI Number: 42-1548758      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALTIDOR, MARJORIE ESQ.  
4174 INVERRARY DR STE 414  
FT. LAUDERDALE, FL 33319      US

**Name and Address of New Registered Agent:**

ALTIDOR, MARJORIE ESQ.  
4784 W COMMERCIAL BLVD  
FT. LAUDERDALE, FL 33319      US

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.

SIGNATURE: MARJORIE ALTIDOR      04/27/2004  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CEO ( ) Delete  
Name: ALTIDOR, NASSER  
Address: P.O. BOX 190202  
City-St-Zip: FT. LAUDERDALE, FL 33319

Title: D ( ) Delete  
Name: ALTIDOR, NASSER  
Address: P.O. BOX 190202  
City-St-Zip: FT. LAUDERDALE, FL 33319

Title: D ( ) Delete  
Name: ALTIDOR, MARJORIE  
Address: P.O. BOX 190202  
City-St-Zip: FT. LAUDERDALE, FL 33319

Title: PD ( ) Delete  
Name: ALTIDOR, GRACE  
Address: P.O. BOX 190202  
City-St-Zip: FT. LAUDERDALE, FL 33319

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARJORIE ALTIDOR      DIRE      04/27/2004  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date