2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000089450

Entity Name: ALCORP GROUP, INC.

City-St-Zip:

FT. LAUDERDALE, FL 33319

FILED Apr 26, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business: P.O. BOX 190202 FT. LAUDERDALE, FL 33319 **Current Mailing Address: New Mailing Address:** P.O. BOX 190202 FT. LAUDERDALE, FL 33319 FEI Number: 42-1548758 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ALTIDOR, MARJORIE ESQ. ALTIDOR, MARJORIE ESQ 800 W. OAKLAND PARK BLVD., STE. 200 4174 INVÉRRARY DR STE 414 FT. LAUDERDALE, FL 33311 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: 04/26/2003 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CFO () Delete Title: () Change () Addition ALTIDOR, NASSER Name: Name: P.O. BOX 190202 Address: Address: City-St-Zip: FT. LAUDERDALE, FL 33319 City-St-Zip: Title: Title: () Change () Addition () Delete Name: ALTIDOR, NASSER Name: P.O. BOX 190202 Address: Address: FT. LAUDERDALE, FL 33319 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition ALTIDOR, MARJORIE Name: Name: P.O. BOX 190202 Address: Address: City-St-Zip: FT. LAUDERDALE, FL 33319 City-St-Zip: Title: PD () Delete Title: () Change () Addition ALTIDOR, GRACE Name: Name: Address: P.O. BOX 190202 Address:

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.

City-St-Zip:

SIGNATURE: NASSER ALTIDOR COE 04/26/2003