


2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Aug 05, 2004 8:00 am
Secretary of State

04-21-2004 90097 038 ***150.00

DOCUMENT # P03000033537 1. Entity Name ALPHA MARINE, INC.					
Principal Place of Business 159 MARINE WAY #17 DELRAY BEACH, FL 33483			Mailing Address 159 MARINE WAY #17 DELRAY BEACH, FL 33483		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 42-1585918	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145				7. Name and Address of New Registered Agent	
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PSTD MALER, JANET M 159 MARINE WAY #17 DELRAY BEACH, FL 33483 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ANSELMO, PATRICK 159 MARINE WAY #17 DELRAY BEACH, FL 33483 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Janet M Maler</u> PRESIDENT			04/12/04 561 523 1777		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

Attachment
66431405



TRIVIAL PURSUIT

JANET M. MALER, Captain
159 Marine Way Slip #17
Delray Beach, FL 33483

August 2, 2004

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Subject: Alpha Marine, Inc.
Reference No: PO3000033537

Sirs;

A corrected Annual Report is enclosed for your acceptance.

This report was returned for our correction. I was out of state and my mail was held by the Post Office for the months of May, June, and July so I was not aware this form need additional information. I simply downloaded the Annual Report form for my corporation from your web site, signed and mailed it. I received the enclosed notice when I returned to Florida.

I have credit card receipts from my trip to substantiate my travels out of state, if you need this information.

Please accept the corrected form and my check for \$150, which was not returned with the notice.

Thank you so much for your help,

Janet M. Maler, President
Alpha Marine, Inc.
561-623-1777