

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000056558

1. Entity Name

ALPACAR, INC.



Principal Place of Business

3300 W. 84TH STREET
UNIT 11
HIALEAH GARDENS FL 33018

Mailing Address

3300 W. 84TH STREET
UNIT 11
HIALEAH GARDENS FL 33018



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/04)

City & State

City & State

4. FEI Number

01-0786562

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DE SALES, JACQUELINE
21230 NE 3RD COURT
MIAMI FL 33179

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	D	<input type="checkbox"/> Delete
NAME	DE SALES, JACQUELINE	
STREET ADDRESS	21230 NE 3RD COURT	
CITY - ST - ZIP	MIAMI FL 33179	
TITLE	D	<input type="checkbox"/> Delete
NAME	GONZALEZ, ALBERTO CORRAL	
STREET ADDRESS	3814 SAN SIMEON CIRCLE	
CITY - ST - ZIP	WESTON FL 33331	
TITLE	D	<input type="checkbox"/> Delete
NAME	GALVIS, ALBERTO MIGUEL CORRAL	
STREET ADDRESS	3814 SAN SIMEON CIRCLE	
CITY - ST - ZIP	WESTON FL 33331	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUSSO, FRANCISCO LUIS	
STREET ADDRESS	3814 SAN SIMEON CIR.	
CITY - ST - ZIP	WESTON FL 33331	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

U000000319692 ☐ Change ☐ Addition
04/21/05-80007-016 150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALBERTO CORRAL GALVIS

4/16/05 (305) 362-8428

Date

Daytime Phone #