

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90077 045 ***150.00

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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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 01-0786562

Applied For
Not Applicable

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, 2007 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

TITLE D ☐ Delete
NAME DE SALES, JACQUELINE
STREET ADDRESS 21230 NE 3RD COURT
CITY- ST- ZIP MIAMI FL 33179

TITLE D ☐ Delete
NAME GONZALEZ, ALBERTO CORRAL
STREET ADDRESS 3614 SAN SIMEON CIRCLE
CITY- ST- ZIP WESTON FL 33331

TITLE D ☐ Delete
NAME GALVIS, ALBERTO MIGUEL CORRAL
STREET ADDRESS 3814 SAN SIMEON CIRCLE
CITY- ST- ZIP WESTON FL 33331

TITLE D ☐ Delete
NAME RUSSO, FRANCISCO LUIS
STREET ADDRESS 3814 SAN SIMEON CIR.
CITY- ST- ZIP WESTON FL 33331

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE D ☒ Change ☐ Addition
NAME Corral Gonzalez, Alberto
STREET ADDRESS 7250 NW 114 Ave. Apt. # 102
CITY- ST- ZIP Miami, FL 33178

TITLE D ☒ Change ☐ Addition
NAME Corral Galvis, Alberto Miguel
STREET ADDRESS 7250 NW 114 Ave. Apt. # 102
CITY- ST- ZIP Miami, FL 33178

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Alberto M. C. Galvis

Alberto M. C. Galvis 4/5/07 305-490-7818

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #