
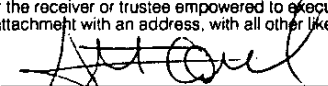


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 14, 2008 8:00 am**  
**Secretary of State**

05-14-2008 90019 015 \*\*\*150.00

|  |   |   |  |   |                 |
|--|---|---|--|---|-----------------|
| <b>DOCUMENT # P03000056558</b><br>1. Entity Name<br><b>ALPACAR, INC.</b>   |   |   |  |  |                 |
| Principal Place of Business<br><b>3300 W. 84TH STREET<br/>UNIT 11<br/>HIALEAH GARDENS, FL 33018</b>  |   |   | Mailing Address<br><b>3300 W. 84TH STREET<br/>UNIT 11<br/>HIALEAH GARDENS, FL 33018</b>  |   |                 |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip      Country  |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip      Country |  |   |                 |
| 4. FEI Number<br><b>01-0786562</b>   |   |   |  | Applied For<br><input type="checkbox"/> Not Applicable                            |                 |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |   |  | <b>\$8.75 Additional Fee Required</b>   |                 |
| 6. Name and Address of Current Registered Agent<br><br><b>DE SALES, JACQUELINE<br/>21230 NE 3RD COURT<br/>MIAMI, FL 33179</b>  |   |   | 7. Name and Address of New Registered Agent<br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <b>FL</b> 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.<br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____   |   |   |  |   |                 |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$350.00</b>  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>          |  | <b>\$5.00 May Be Added to Fees</b>  |                 |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |   |                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D</b><br><b>DE SALES, JACQUELINE</b><br><b>21230 NE 3RD COURT</b><br><b>MIAMI, FL 33179</b>                  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D</b><br><b>GONZALEZ, ALBERTO CORRAL</b><br><b>7250 NW 114 AVE. APT. #102</b><br><b>MIAMI, FL 33178</b>      | <input type="checkbox"/> Delete   | <b>D</b><br><b>CORRAL-GONZALEZ, ALBERTO</b><br><b>7250 NW 114 AVE. APT #102</b><br><b>MIAMI, FL 33178</b>  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D</b><br><b>GALVIS, ALBERTO MIGUEL CORRAL</b><br><b>7250 NW 114 AVE. APT. #102</b><br><b>MIAMI, FL 33178</b> | <input type="checkbox"/> Delete   | <b>D</b><br><b>CORRAL-GALVIS, ALBERTO MIGUEL</b><br><b>7250 NW 114 AVE. APT #102</b><br><b>MIAMI, FL 33178</b>                                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D</b><br><b>RUSSO, FRANCISCO LUIS</b><br><b>3814 SAN SIMEON CIR.</b><br><b>WESTON, FL 33331</b>              | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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 exemptions contained in Chapter 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. |   |   |  |   |                 |
| <b>SIGNATURE:</b>   |   |   | <b>ALBERTO M. CORRAL GALVIS</b>  |   |                 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   |   | Date   |   | Daytime Phone # |