

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000111186

Entity Name: ALPI INSURANCE, CORP.

FILED
Mar 06, 2007
Secretary of State

Current Principal Place of Business:

7282 SW 40TH ST.
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

7282 SW 40TH ST.
MIAMI, FL 33155

New Mailing Address:

FEI Number: 03-0529572

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSTAMANTE, WILLIAM M ESQ.
7950 WEST FLAGLER ST., #106
MIAMI, FL 33144 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ALPIZAR, SOL E
Address: 8748 NW 146TH LANE
City-St-Zip: MIAMI LAKES, FL 33018

Title: VD () Delete
Name: ALPIZAR, JORGE L
Address: 8748 NW 146TH LANE
City-St-Zip: MIAMI LAKES, FL 33018

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

SIGNATURE: SOL E ALPIZAR

PD

03/06/2007

Electronic Signature of Signing Officer or Director

Date