


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90201 019 ***150.00

DOCUMENT # P03000111660

1. Entity Name
ALPHA NJ 1, INC.



Principal Place of Business
**1801 CLINTMORE RD STE 115
 BOCA RATON, FL 33487**

Mailing Address
**1801 CLINTMORE RD STE 115
 BOCA RATON, FL 33487**

94062927



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04192004 Chg-P CR2E034 (10/03)

City & State

4. FEE Number **97-0612443** 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
**FROST, IRWIN M
 1111 BRICKELL AVE STE 2050
 MIAMI, FL 33131**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	BECK, ROBERT A
STREET ADDRESS	1801 CLINTMORE RD STE 115
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	D <input type="checkbox"/> Delete
NAME	PORRARO, BILL
STREET ADDRESS	1801 CLINTMORE RD STE 115
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	D <input type="checkbox"/> Delete
NAME	SHERWOOD, DAVID
STREET ADDRESS	1801 CLINTMORE RD STE 115
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	D <input type="checkbox"/> Delete
NAME	STARKMAN, JAY
STREET ADDRESS	1801 CLINTMORE RD STE 115
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	D <input type="checkbox"/> Delete
NAME	TOWERS, CHARLES
STREET ADDRESS	1801 CLINTMORE RD STE 115
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	D <input type="checkbox"/> Delete
NAME	CORGAN, GREGORY
STREET ADDRESS	1801 CLINTMORE RD STE 115
CITY-ST-ZIP	BOCA RATON, FL 33487

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS W. IVEY
STREET ADDRESS	1801 CLINT MOORE ROAD, STE 115
CITY-ST-ZIP	BOCA RATON, FLA 33487
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CEO RICHARD NORITAKE
STREET ADDRESS	1801 CLINT MOORE ROAD, STE 115
CITY-ST-ZIP	BOCA RATON, FLA 33487
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____ Date: **4/23/04** (561) 544-9515