


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 24, 2004 8:00 am
Secretary of State

05-24-2004 90006 017 ***150.00

DOCUMENT # P03000152284	
1. Entity Name ALPHA & OMEGA FINANCIAL GROUP, INC. 7435 NORTH WEST 57th STREET TAMARAC, FLORIDA 33319	

DO NOT WRITE IN THIS SPACE

54055534

2. Principal Place of Business 7435 NORTH WEST 57th ST.		3. Mailing Address 7435 NORTH WEST 57th ST.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State TAMARAC, FLORIDA 33319		City & State TAMARAC, FLORIDA 33319	
Zip 33319	Country BROWARD	Zip 33319	Country BROWARD

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1211242		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name CARL S. PITTER	
	Street Address (P.O. Box Number is Not Acceptable) 7435 NORTH WEST 57th STREET	
	City TAMARAC, FLORIDA	FL Zip Code 33319

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]*
(Signature, typed or printed name of registered agent and date if applicable) (NOTE: Registered Agent signature required when re-registered) (DATE)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT/TREASURER/SECRETARY/DIRECTOR EULYN S. PHILLIPS 7435 NORTH WEST 57th STREET TAMARAC, FLORIDA 33319	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* EULYN S. PHILLIPS MAY 17th, 2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR