## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

## **Secretary of State DOCUMENT # P03000153479** 01-17-2006 90243 001 \*\*\*150.00 1. Entity Name ALPHA COMPUTER EXPORT INC. Principal Place of Business Mailing Address 10302 NW SOUTH RIVER DRIVE 10302 NW SOUTH RIVER DRIVE CARGO BAY #13 CARGO BAY #13 MEDLEY, FL 33178 MEDLEY, FL 33178 No Chg-P CR2E034 (11/05) 01032006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0497462 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CRIADO, GEORGE E DO NOT WRITE 10302 NW SOUTH RIVER DRIVE CARGO BAY #13 IN THIS SPACE MEDLEY, FL 33178 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE TOFAFAROSH, MURTUZA NAME STREET ADDRESS 10302 NW SOUTH RIVER DRIVE, CARGO BAY #13 CITY-ST-2IP **MEDLEY, FL 33178** TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST-7/P IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplier chall 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 rusted 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:X

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jan 17, 2006 8:00 am