


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90031 041 ***150.00

DOCUMENT # P03000153479	
1. Entity Name ALPHA COMPUTER EXPORT INC.	

Principal Place of Business 10302 NW SOUTH RIVER DRIVE CARGO BAY #13 MEDLEY, FL 33178	Mailing Address 10302 NW SOUTH RIVER DRIVE CARGO BAY #13 MEDLEY, FL 33178
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40006784



2. Principal Place of Business - No P.O. Box # 6131 SW 93rd Ave	3. Mailing Address 6131 SW 93rd Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01172007 Chg-P CR2E034 (12/06)

City & State Miami FL	City & State Miami FL	4. FEI Number 20-0497462	Applied For <input type="checkbox"/> Not Applicable
Zip 33173	Country	Zip 33173	Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CRIDO, GEORGE E 10302 NW SOUTH RIVER DRIVE CARGO BAY #13 MEDLEY, FL 33178	7. Name and Address of New Registered Agent Name Arnold Avedon Street Address (P.O. Box Number is Not Acceptable) 6131 SW 93rd Avenue City Miami FL Zip Code 33173
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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 *x Arnold Avedon* DATE *x 01/27/07*

Signature, typed or printed name of registered agent and date if applicable (NOT: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOFAFAROSH, MURTUZA 10302 NW SOUTH RIVER DRIVE, CARGO BAY #13 MEDLEY, FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tofafarosh, Murtuza 7800 57th Ave Ste 117-A South Miami, FL 33143 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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

SIGNATURE: *x [Signature]* DATE *x 01/27/07* 786209322

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR