2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000062594

FILED Feb 21, 2005 Secretary of State

Entity Na	ame: ALPHA N	ULTI-SERVICES, CORP.				
Current I	Principal Place	of Business:	New Principal Place o	New Principal Place of Business:		
	76 ST., #105 , FL 33016		8249 NW 36TH ST SUITE 209 DORAL, FL 33166			
Current Mailing Address:			New Mailing Address	New Mailing Address:		
	76 ST., #105 , FL 33016		8249 NW 36TH ST SUITE 209 DORAL, FL 33166			
FEI Numbe	r: 86-1102987	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()		
Name an	d Address of C	urrent Registered Agent:	Name and Address of	Name and Address of New Registered Agent:		
	, RHADAMES C RAL WAY STE 4 . 33155 US					
	e named entity s te of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,		
SIGNATL	JRE:					
	Electror	ic Signature of Registered Age	ent	Date		
Election Ca	ampaign Financing	Trust Fund Contribution ().				
OFFICER	RS AND DIREC	TORS:	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address:	٠,	Delete JOSE CRISTOBAL #213	Title: PSD (Name: CHONG HING Address: 2640 W 76.5			

City-St-Zip: HIALEAH, FL 33016 City-St-Zip: HIALEAH, FL 33016

() Delete Title: (X) Change () Addition

DEL CARMEN CHONG HIN, G, MIRIAM TRONCOSO, TULIO Name: Name: Address: 8851 N.W. 119 ST., #4102 Address: 8851 N.W. 119 ST., #4102 HIALEAH, FL 33018 HIALEAH, FL 33018 City-St-Zip: City-St-Zip:

Title: Title: () Change (X) Addition () Delete SEC

Name: Name: TRONCOSO, VENUS E 8851 N.W. 119 ST. #4102 Address: Address: City-St-Zip: City-St-Zip: HIALEAH, FL 33018

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MIRIAM CHONG HING **PSD** 02/21/2005