

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

| | |
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| DOCUMENT # P04000062594 | |
| 1. Entity Name ALPHA MULTI-SERVICES, CORP. | |
| Principal Place of Business 8249 NW 36TH ST SUITE 209 DORAL, FL 33166 | Mailing Address 8249 NW 36TH ST SUITE 209 DORAL, FL 33166 |



04232008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 86-1102987 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

BATISTA, RHADAMES C
7171 CORAL WAY STE 400
MIAMI, FL 33155

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

U000000924043
05/16/08-80058-007 150.00

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSD MILLER, MIRIAM 2640 W. 76 ST #105 HIALEAH, FL 33016 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPT TRONCOSO, TULIO 8851 N.W. 119 ST., #4102 HIALEAH, FL 33018 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SEC TRONCOSO, VENUS E 8851 N.W. 119 ST., #4102 HIALEAH, FL 33018 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/08
Date

Daytime Phone #