2005 FOR PROFIT CORPORATION

9/8/2005-90067-041-\$150.00-\$150.00 **ANNUAL REPORT** FILED **DOCUMENT # P04000070353** 05 OCT 21 PM 1: 36 ALPHA & OMEGA ENTERTAINMENT, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 18790 SOUTHWEST 357TH STREET POST OFFICE BOX 343563 HOMESTEAD, FL 33034 HOMESTEAD, FL 33034 JUUDJJIV 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number 20 - 1120403 City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Nama SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. Street Address (P.O. Box Number is Not Acceptable) 4TH FLOOR MIAMI, FL 33145 Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algorature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Due by September 7, 2005 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PSTD TITLE ☐ Delete me □ Change CRUZ, JORGE E NAME NAME 18790 SOUTHWEST 357TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOMESTEAD, FL 33034 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-72 Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TIPLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CFT Y - ST - 71P TITLE ☐ Datete TITLE ☐ Change Additron NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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 of 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 empowared.

SIGNATURE:

$A\Omega$

Alpha & Omega Entertainment, Inc. P.O. Box 343563 Homestead, FL 33034-0563 305-282-3188

October 15, 2005

Florida Department of State Glenda E. Hood Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Annual Report #P04000070353

To whom it may concern:

I am in receipt of the letter dated September 13, 2005 which was postmarked September 29 which advises me that I have 30 days to respond. I filled out the missing information but I would like to advise your department that I received this letter today, October 15, 2005. I have enclosed the completed annual report along with the envelope in which I received the correspondence showing the postmark date. I kindly request abatement of any penalties and interest that may incur due to the untimely manner in which I have received this letter.

Should you have any questions, please do not hesitate to contact me.

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Sincerely,

Jorge*l*Énridue Cruz

President

JEC/om Enclosure