# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P04000116248

**1.** Entity Name
**ALPHA CENTURY INVESTMENTS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1619 CYPRESS POINTE DR<br>CORAL SPRINGS, FL 33071 | 1619 CYPRESS POINTE DR<br>CORAL SPRINGS, FL 33071 |

04272006    Chg-P    CR2E034 (11/05)

**2.** Principal Place of Business
*1619 Cypress Pointe Dr*
Suite, Apt. #, etc.
*Coral Springs Fl*
City & State
Zip *33071*    County *U.S.A.*

**3.** Mailing Address
*1619 Cypress Pointe Dr*
Suite, Apt. #, etc.
City & State *Coral Springs Fl*
Zip *33071*    Country *USA*

**4.** FEI Number
20-1478376
☐ Applied For
☐ Not Applicable

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

### 6. Name and Address of Current Registered Agent

LOPEZ, RUBEN RAMON
1619 CYPRESS POINTE DR
CORAL SPRINGS, FL 33071

### 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

| City | FL | 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 signature required when reinstating)    DATE

| **FILE NOW!!! FEE IS $150.00**<br>**After May 1, 2006 Fee will be $550.00** | **9.** Election Campaign Financing<br>Trust Fund Contribution. ☐ | **$5.00** May Be<br>Added to Fees | |
|---|---|---|---|

| 10. | OFFICERS AND DIRECTORS | | 11. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|---|---|---|---|---|---|
| TITLE | PD | ☐ Delete | TITLE | | ☐ Change | ☐ Addition |
| NAME | LOPEZ, RUEBEN R | | NAME | | | |
| STREET ADDRESS | 1619 CYPRESS POINTE DR | | STREET ADDRESS | | | |
| CITY-ST-ZIP | CORAL SPRINGS, FL 33071 | | CITY-ST-ZIP | | | |
| TITLE | VD | ☐ Delete | TITLE | | ☐ Change | ☐ Addition |
| NAME | DERESER, ALICIA MARIA | | NAME | | | |
| STREET ADDRESS | 1619 CYPRESS POINTE DR | | STREET ADDRESS | | | |
| CITY-ST-ZIP | CORAL SPRINGS, FL 33071 | | CITY-ST-ZIP | | | |
| TITLE | | ☐ Delete | TITLE | | ☐ Change | ☐ Addition |
| NAME | | | NAME | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | |
| TITLE | | ☐ Delete | TITLE | | ☐ Change | ☐ Addition |
| NAME | | | NAME | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | |
| TITLE | | ☐ Delete | TITLE | | ☐ Change | ☐ Addition |
| NAME | | | NAME | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | |
| TITLE | | ☐ Delete | TITLE | | ☐ Change | ☐ Addition |
| NAME | | | NAME | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | |

**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: _____    *Ap. 27th 06*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #