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Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90392 048 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000031146

1. Entity Name
ALTERNA WEALTH MANAGEMENT, INC.

400860…

Principal Place of Business	Mailing Address
6600 N. ANDREWS AVENUE, SUITE 130 FORT LAUDERDALE, FL 33309	6600 N. ANDREWS AVENUE, SUITE 130 FORT LAUDERDALE, FL 33309

04222008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 20-2427303 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

COULTAS, ROBERT
1401 BRICKELL AVENUE SUITE 825
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name: William L. Rafferty, Jr., Esq.
Street Address (P.O. Box Number is Not Acceptable): Rafferty, Stolzenberg Gelles et àl
1401 Brickell Avenue, Suite 825
City: Miami FL Zip Code: 33131

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: William L. Rafferty, Jr., Esq. 4/25/08
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
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE	T	☐ Change ☒ Addition
NAME	KONRAD, ROBERT L		NAME	KONRAD, ROBERT L.	
STREET ADDRESS	6600 N. ANDREWS AVENUE, SUITE 130		STREET ADDRESS	6600 N. Andrews Avenue, Suite 130	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309		CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
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		
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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: Robert L. Konrad 4/22/08 (954) 703-2020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #