


FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90027 030 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P05000099705

1. Entity Name
**ALPS PROPERTY ACQUISITION AND MANAGEMENT
 COMPANY**



Principal Place of Business 2895 42ND AVENUE NORTH ST. PETERSBURG, FL 33714	Mailing Address 2895 42ND AVENUE NORTH ST. PETERSBURG, FL 33714
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DO NOT WRITE IN THIS SPACE

03262007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3261221	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

CHRISTALDI, RONALD A
 101 EAST KENNEDY BOULEVARD, SUITE 3400
 TAMPA, FL 33602

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

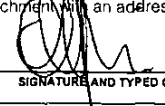
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAGHI, ALDO A 2895 42ND AVENUE NORTH ST. PETERSBURG, FL 33714
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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:  **ALDO A. LAGHI** **3/27/07** **797 528-8566**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #