2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000009635

Address:

Name:

Address:

City-St-Zip:

Entity Name: ALPHA-TECH AVIATION SERVICES, INC.

FILED Aug 20, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1100 LEE WAGENER BOULEVARD SUITE 319 FT. LAUDERDALE, FL 33315 **New Mailing Address: Current Mailing Address:** 1100 LEE WAGENER BOULEVARD SUITE 319 FT. LAUDERDALE, FL 33315 FEI Number: 03-0609359 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCDONALD, DAVID M ESQ. 1393 SW 1ST STREET SUITE 200 MIAMI, FL 33135 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPVT () Delete Title: (X) Change () Addition BRULLO, GIOVANNI Name: BRULLO, GIOVANNI Name: 1100 LEE WAGENER BOULEVARD, S-319 1100 LEE WAGENER BOULEVARD, S-319 Address: Address: City-St-Zip: FT. LAUDERDALE, FL 33315 US City-St-Zip: FT. LAUDERDALE, FL 33315 US Title: Title: () Delete (X) Change () Addition Name: PICHARDO, GUILLERMO Name: PICHARDO, GUILLERMO

1100 LEE WAGENER BOULEVARD, S-319 1100 LEE WAGENER BOULEVARD, S-319 FT. LAUDERDALE, FL 33315 US FT. LAUDERDALE, FL 33315 US City-St-Zip: City-St-Zip:

Address:

Title: (X) Change () Addition DS () Delete Title:

DOMENICA, BRULLO LAJEVARDI, NASSER Name: Name: 1100 LEE WAGENER BOULEVARD, S-319 1100 LEE WAGENER BOULEVARD, S-319 Address: Address:

FORT LAUDERDALE, FL 33315 US City-St-Zip: FORT LAUDERDALE, FL 33315 US City-St-Zip:

Title: (X) Delete Title: () Change () Addition

LAJEVARDI, NASSER Name: 1100 LEE WAGENER BOULEVARD, S-319 Address: FORT LAUDERDALE, FL 33315 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID M. MCDONALD, ESQ. RA 08/20/2008