

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90119 015 ***150.00

DOCUMENT # P07000078521 1. Entity Name ALPHA ENTERPRISES SERVICES CORP																													
Principal Place of Business 183 S STATE RD 7 MARGATE, FL 33068			Mailing Address 183 S STATE RD 7 MARGATE, FL 33068																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State Zip Country		City & State Zip Country		4. FEI Number 26-0543896 Applied For ☐ Not Applicable																									
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required																											
6. Name and Address of Current Registered Agent SALINAS - GALINDO, DANIEL 917 NE 12 AVE SUITE A POMPANO BEACH, FL 33060			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 DATE 4-10-08 Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when controlling)																													
FILE NOW!!! FEE IS \$150.00 After May 4, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> P SALINAS-GALINDO, DANIEL 917 NE 12 AVE SUITE A POMPANO BEACH, FL 33060 ☐ Delete </td> </tr> <tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td>☐ Delete</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td>☐ Delete</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td>☐ Delete</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td>☐ Delete</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td>☐ Delete</td></tr> </table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SALINAS-GALINDO, DANIEL 917 NE 12 AVE SUITE A POMPANO BEACH, FL 33060 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> ☐ Change ☐ Addition </td> </tr> <tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td>☐ Change ☐ Addition</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td>☐ Change ☐ Addition</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td>☐ Change ☐ Addition</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td>☐ Change ☐ Addition</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td>☐ Change ☐ Addition</td></tr> </table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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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:			4-10-09 754-367-4981 Signature and typed or printed name of signing officer or director Date Daytime Phone #																										